SEEC FORM 20

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

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Do Not Mark in This Space For Official Use Only				

COVER PAGE

			VERTAGE			
1. NAME OF COMMITTEE						
Arunan for Hartford						
2. TREASURER NAME			, , , , , , , , , , , , , , , , , , ,	WA 6-3		
First		MI	Last		Suffix	
Andrea			Comer			
3. TREASURER ADDRESS		1			 	
Street Address			City		State	Zip Code
1 Linden Place		На	artford		СТ	06106
4. ELECTION/REFERENDUM DATE	5. OFFICE SO	UGHT (Complete only if Candidate Committee)	6. DISTRICT NUME	ER	!
(mm/dd/yyyy)				(if applicable)		
11/07/2023	Mayor			0		
7. CANDIDATE NAME (Complete out)	if Candidate or Esq	deratory (Committee)			
First		МІ	Last		Suffix	
Arunan			Arulampalam			
8. TYPE OF REPORT (Check One B	◆x)				*	
	7th day preceding 30 days following 7th day preceding 12th day preceding (State Central Com 45 days following held in November ginning Date 01/2023	primary election g election smittees G		durn (PACs ONLY Amendment to)	sbursement
	RER (SIGNATURE)	period c		de:H	OATE (mi	2023 h/dd/yyyy)

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SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
	COLUMN A This Period	COLUMN B Aggregate		
11. Balance on hand January I 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	\$191,942.32			
13. Contributions Received from Individuals (Sections A and B)	\$123,568.00	\$347,593.00		
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$800.00		
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0.00	\$0.00		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$123,568.00	\$348,393.00		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$315,510.32	\$348,393.00		
19. Expenses Paid by Committee (Section P)	\$30,615.52	\$63,498.20		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$284,894.80	\$284,849.80		
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00		
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00		
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00		
25. Loan Balance	\$0.00			
25a. + Loans Received (Section D)	\$0.00	\$0.00		
25b. + Interest and Penalties on Loan	\$0.00	\$0.00		
25c Payments on Loan	\$0.00	\$0.00		
25d. Total Outstanding Loan Amount	\$0.00			
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00		
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00			

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Last Name	NAME OF COMMITTEE (Provi	de Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Subtorial Section Subt	Arunan for Hartford						July 10 filing			
Last Name	A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
Addams Store Address City Bloomfield CT O6002-2804	(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
Adams Residual Street Address 1 Lyman Ln Principal Occupation Admin Asst Residual street Address 1 Lyman is leabyist, spouse, or dependent child of a lobbyist? No State 1 Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/due is associated with have a contract vish and immunicipality does contributor or business he/due is associated with have a contract vish and immunicipality does contributor or business he/due is associated with have a contract vish and immunicipality does contributor or business he/due is associated with have a contract vish and immunicipality does contributor or business he/due is associated with have a contract vish and immunicipality does contributor or business he/due is associated with have a contract vish and immunicipality does contributor or business he/due is associated with have a contract vish and immunicipality does contract is with. Marsha Marsha Marsha Adell Residential Street Address 1 City West Hartford City 1 Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due is associated with have a contract vish and municipality does contributor or business he/due			B. Itemized C	ontributi	ons f	rom Individuals				
City	Last Name				Firs	t				M.I.
14 Lyman Ln	Adams				Mic	chelle				
Principal Cocupation Addrin's Asst Is contributed a lobbylist, spouse, or dependent child of a lobbylist? Second third of a lobbylist is associated with an event reported in Section 1.1? Yes If contribution Dependent child of a lobbylist Second Section 1.1? Section 1.1? Section 1.1? Section 1.1?	Residential Street Address				<u> </u>				Zip Code	
Secontributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Secontribution is in excess of \$400 to a candidate committee for a chief excentive officer of a municipality does contributor or business beddie is associated with any exercent reported in Section 1.1? Yes If contribution is in excess of \$400 to a candidate committee for a chief excentive officer of a municipality valued at more than \$5,000? Yes No Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor or business holds is associated with fave a contract with said municipality valued at more than \$5,000? Yes If contributor a principal of a state contractor or prospective state	14 Lyman Ln			Bloomfi	eld			CT	06002-2	2804
Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No No It contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality when the source of the spouse is shown in the spouse of the spo						• •				
dependent child of a lobbyist? No	Admin Asst				BIOC	mileia pa or Ea				
## State of government the contract is with: Method of contribution:			municipality does contributor	or business i		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution associated with an event reported in Section L1? Yes Method of contribution Method of cont					or pros	spective state contractor	res			\$200.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/13/2023 \$300.00 Last Name Adell		V No		Exc	ecutiv		ative			
Adell Residential Street Address 2175 Boulevard, # 2175 Principal Occupation Deputy Fire Marshal Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State Zip Code O6107-2607		Credit/Debi	Card Payroll Deduction	Money Orde	er					
Residential Street Address 2175 Boulevard, # 2175 Principal Occupation Deputy Fire Marshal Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a sociated with an event reported in Section L1? Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Alleyne Residential Street Address First Julie City West Hartford City West Hartford Name of Employer Town of West Hartford Town of West Hartford Amount of Contribution associated with an event reported in Section L1? Yes If contributor a sociated with an event reported in Section L1? October 17	Last Name				Firs	t				M.I.
2175 Boulevard, # 2175 Principal Occupation Deputy Fire Marshal Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If contribution a spouse or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes If contribution a spouse of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a sociated with an event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Date Received officer of a chief executive officer of a municipality valued at more than \$5,000? If contribution a sociated with an event value at more than \$5,000? If contribution a lobbyist, spouse, or dependent child of a lobbyist,	Adell				Ма	rsha				
Principal Occupation Deputy Fire Marshal Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a sociated with an event reported in Section L1? Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O5/02/2023 \$150.00 Last Name Alleyne Residential Street Address 156 S Main St Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Payroll Deduction Money Order Date Received O5/02/2023 \$150.00 State	Residential Street Address									
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? Yes If contributor a principal of a state contractor or prospective state contractor? Yes	· · · · · · · · · · · · · · · · · · ·			West H				CT	06107-2	2607
Amount of Contribution associated with an event reported in Section L1? No Is this contribution associated with an event reported in Section L1? No Is contribution associated with an event reported in Section L1? No Is contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions O5/02/2023 S150.00	· ·						d			
Secontribution associated with an event reported in Section L1? Fyes, indicate which branch or branches of government the contract is with: Executive Legislative		_	municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 05/02/2023 \$150.00 Last Name Alleyne State Zip Code CT 06107-3454 Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Press, indicate which branch or Date Received 05/02/2023 \$150.00 Date Received 05/02/2023 \$150.00 Aggregate contributions Square Aggregate contributions \$150.000 State Zip Code CT 06107-3454 Principal Occupation Attorney If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? Press, indicate which branch or		=	If yes, indicate which branch o		ог ргоз	spective state contractor	☐ 1 <i>c</i> s			\$150.00
Cash		✓ No		□Ex-	ecutiv		ative			
Alleyne Residential Street Address 156 S Main St Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? Is contributor a principal of a state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor? If yes, indicate which branch or the state contractor?		Credit/Debi	Card Payroll Deduction	Money Orde	er	E .				
Residential Street Address 156 S Main St Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes indicate which branch or section L1? Yes indicate which branch or section L1?	Last Name	-			Firs	t				M.I.
156 S Main St	Alleyne				Jul	ie				S
Attorney The Surety & Fidelity Association of America Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes \$1,000.00				,	artfoi	rd			1 '	3454
dependent child of a lobbyist? No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes \$1,000.00	Principal Occupation		and many and it is a fine of the second and it is a fine of th		I		Association of Ame	rica	<u> </u>	
event reported in Section L1?		1	municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
					or pro:	spective state contractor	Yes		\$	1,000.00
tf yes, itst Event # contract is with: Executive Legislative		✓ No	branches of government the contract is with:	Ех	ecutiv					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/26/2023 \$1,000.00		Credit/Debi	t Card Payroll Deduction	Money Ord	er	1				

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Providence	le Comple	te Name as Registered with Fi	ling Reposi.	tory)		TYPE OF REPORT		430 MA (A A	
Arunan for Hartford						July 10 filing			
A. Total Contributions from S	mall Co	ntributors - Received this	Period O	NLY					
See instructions for definition of St	nall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name			·············	First					M.I.
Aiyathurai				Jen	v				s
Residential Street Address			City		,		State	Zip Code	
5 Saddle Ridge Dr			West Si	msbu	ry		CT	06092-2	2118
Principal Occupation				Name	of Employer				
Management Consultant]	JCF	actor				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$50.00
If yes, list Event #	√ No	branches of government the contract is with:	Exe	ecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Dcbi	t Card Payroll Deduction	Money Orde	er	Date Received 06/30/2023	Aggregate contributions \$200.00			•
Last Name				First					M.I.
Alleyne	-			Ker	nneth				
Residential Street Address			City				State	Zip Code	
937 Prospect Ave			West Ha	artfor	d		CT	06105-4	1229
Principal Occupation Physician	_				of Employer ern Orthopaedics	3			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	1 es			\$500.00
If yes, list Event #	√ No	branches of government the contract is with;	Ехе	ecutiv	eLegisla	ative No			
Method of contribution: ☐ Cash Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$1,500.00)		
Last Name				First					M.I.
Adelstein				Eric	;				
Residential Street Address			City				State	Zip Code	
2155 W Caton St			Chicago				l IL	60647-5	5402
Principal Occupation Consultant				ı	of Employer MEDIA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a sta If yes, indicate which branch of		or pros	pective state contractor	r? ☐ Yes ☑ No		\$	1,000.00
If yes, list Event #		branches of government the contract is with:	□Ex	ecutiv	eLegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/28/2023	Aggregate contributions \$1,000.00			

\$1,550.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford July 10 filing			July 10 filing						
A. Total Contributions from S	mall Co	atributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Aniskovich				Wil	liam				A
Residential Street Address			City				State	Zip Code	
15 Grove Ave			Branfor		***************************************		CT	06405-5	5506
Principal Occupation CEO					of Employer S, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	-	-		∐ res ☑No			\$150.00
If yes, list Event #		contract is with:	Ex	ecutiv	e Legist	ative			
Method of contribution: Cash Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 06/08/2023	Aggregate contributions \$650.00			
Last Name				Firs					M.I.
Alves				Ro	berto				
Residential Street Address			City				State	Zip Code	<u> </u>
7 W Redding 7 West Rd			Danbur	/			CT	06810	
Principal Occupation Technical Sales Engineer				Name	e of Employer SUS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	∏Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r .	•		∐ Yes ✓ No			\$200.00
If yes, list Event #		contract is with:	Exe	ccutiv	· · · · · · · · · · · · · · · · · · ·	ative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 06/21/2023	Aggregate contributions \$200.00			
Last Name				Firs	t				M,I.
Bailey				Bri	an				L
Residential Street Address 5 Top Sail Rd			City Norwali	ζ		(sim	State CT	Zip Code 06853-	1518
Principal Occupation Financial Technology	·				of Employer Morgan			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	spective state contractor	∐ Yes			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv					
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	er	Date Received 04/05/2023	Aggregate contributions \$750.00			
			7						

\$850.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O	NLY					
(See instructions for definition of Small Contributor)			Section A				\$0.00
B. Itemiz	zed Contributi	ons from Indi	viduals				
Last Name		First					M.I.
Bailey		Brian					
Residential Street Address	City			******	State	Zip Code	540
5 Top Sail Rd	Norwalk				СТ	06853-1	518
Principal Occupation Financial Technology	WAYNER OF THE PROPERTY OF THE	Name of Employe J.P. Morgan	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exc municipality does continuncipality valued at	ributor or business l	ne/she is associated			Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which by branches of government control is with	ranch or	or prospective state ecutive	e contractor	✓ No			\$250.00
Method of contribution:	tion Money Orde	Date Rec	eived	Aggregate contributions \$750.00			
Last Name		First					M.I.
Bailey		Elizabeth					D
Residential Street Address	City				State	Zip Code	1440
3 Ironwood Ln	West H				СТ	06117-1	1110
Principal Occupation Retired		Name of Employ Retired	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exemunicipality does continuously valued at	ributor or business l	he/she is associated			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which by branches of government contract is with:	ranch or	or prospective stat	Legisl	✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction:		Date Rec	eived	Aggregate contribution: \$425.0	II		
Last Name		First					M,I,
Avallone		Joy		**********			
Residential Street Address 45 Country Club Rd	City Bolton				State CT	Zip Code 06043-	7462
Principal Occupation Lobbyist		Name of Employ Roy & Leroy		ment Relations, LLC	'		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in ex municipality does continuic municipality valued at	tributor or business	he/she is associate			Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of the section L1? Yes If yes, indicate which because of government because of government of the section L1?	ranch or			∐ 1es			\$200.00
If yes, list Event # contract is with:		cecutive	Legisi	ative	_		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduc	tion Money Ord	Date Red 06/21/		Aggregate contribution \$200.0			

\$475.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

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NAME OF COMMITTEE (Prov.	ide Comple	ete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing	· <u>, , ,,</u>		
A. Total Contributions from S			Period O	NLY	0.12.116				40.00
(See instructions for definition of S	smau Coni	person personal section of a second property of a person personal section of the financial section of the second section of the se	· · · · · · · · · · · · · · · · · · ·		Subtotal Section A		ance seriesi	in Street Green Visit	\$0.00
L-LN	200 CO	B. Remizea C	ontributi		rom Individuals				
Last Name				First					M.I.
Andrews				Dre	W				
Residential Street Address			City				State	Zip Code	
17 Orchard Farms Ln			Avon				CT	06001-3	3269
Principal Occupation CPA				3	of Employer tlesey				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	nt of Contr	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or pros	pective state contractor	r? Yes . ✓ No			\$500.00
If yes, list Event #	<u>.</u>	contract is with:	Ex	ecutive	ELegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/28/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Azzam				Dea	an				Н
Residential Street Address			City				State	Zip Code	
287 Laurel St			Hartford	ł			СТ	06105-3	3429
Principal Occupation Engineer				•	of Employer ch Engineers, Inc	0			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a sta If yes, indicate which branch of		or pros	pective state contracto	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	ег	Date Received 06/06/2023	Aggregate contributions \$100.00			
Last Name	,			First					M.I,
Blondin				Aud	irey				[
Residential Street Address			City				State	Zip Code	
174 Sherbrook Dr			Gosher				CT	06756-1	911
Principal Occupation Attorney					of Employer din Law Office Ll	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a sta If yes, indicate which branch of branches of government the		or pros	pective state contractor	r?			\$100.00
If yes, list Event #		contract is with:	Ех	ecutiv	eLegisl	ative			
Method of contribution: ☐ Cash Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/28/2023	Aggregate contributions \$300.00			

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Cor	nplete i	Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			8 /S C//
Arunan for Hartford				-		July 10 filing			
A. Total Contributions from Small (See instructions for definition of Small (Period O	NLY	Subtotal Section A				\$0.00
			ontributi	ons f	rom Individuals			September 1	
Last Name		4.		First	1				M.I.
Baker				Pat	tricia				
Residential Street Address			City				State	Zip Code	
341 S Brooksvale Rd			Cheshir	e			CT	06410-3	566
Principal Occupation				Name	of Employer				
Retired				Reti	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	res Vo	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	es D	s contributor a principal of a stat If yes, indicate which branch or branches of government the	r	or pros	_	∐ Tes √ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/	I	contract is with:			Date Received 05/02/2023	Aggregate contributions \$100.00			an and the second
Last Name				Firs	t				M.I.
Barry				Mic	chael				W
Residential Street Address			City				State	Zip Cođe	
77 Boulder Rd			Manche	ster			CT	06040-4	1505
Principal Occupation Coordinator				I	e of Employer Coalition for Retire	ement Security			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	es	s contributor a principal of a state If yes, indicate which branch of branches of government the contract is with:	r	or pros	_	[les √No	the same of the sa		\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/	Debit C	•	Money Ord	er	Date Received 04/30/2023	Aggregate contributions \$150.00			
Last Name				Firs	t				M.I.
Baver				Jei	remy				
Residential Street Address			City				State	Zip Code	
95 Elizabeth St			Hartford				CT	06105-0	5208
Principal Occupation Attorney				J.E.	e of Employer Baver Law Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have Yes	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	es	s contributor a principal of a star If yes, indicate which branch of branches of government the		or pro		∐ Tes			\$100.00
If yes, list Event #	`	contract is with:	Ex	ecutiv	ve Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit	Debit C	ard Payroll Deduction	Money Ord	ler	Date Received 05/02/2023	Aggregate contributions \$100.00)		

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repo.	sitory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received (See instructions for definition of Small Contributor)	this Period (Subtotal Section A				\$0.00
B. Itemiz	ed Contribut	tions fr	om Individuals				
Last Name		First					M,I,
Berger		Ethe	I				
Residential Street Address	City	_ 			State	Zip Code	
50 Autumn St	New H				CT	06511-2	2221
Principal Occupation Book illustrator		1	f Employer Ethel Berger				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in execution in the property of t	butor or business	s he/she is			Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which branches of government the branches of government the section of the s	nch or	r or prospo	ective state contractor	∐ Yes ✓No			\$25.00
Method of contribution:	on Money Ore		Date Received 06/27/2023	Aggregate contributions \$25.00			
Last Name		First					M.I.
Bjornberg		Emil	y				A
Residential Street Address	City				State	Zip Code	
59 Brush Hill Rd	Lyme	T			CT	06371-3	3004
Principal Occupation Consultant		1	f Employer HE - office of hig	gher Ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business	s he/she is			Amoun	nt of Contr	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which bra branches of government the contract is with:	nch or	r or prosp	ective state contractor	☐ res ✓ No			\$200.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	on Money Ore	der	Date Received 05/23/2023	Aggregate contributions \$400.00			
Last Name	•	First					M.I.
Blackwood		Anne	ette				
Residential Street Address	City				State	Zip Code	<u> </u>
21 A Capitol Ave	Hartfor				CT	06106-1	707
Principal Occupation Retired		Name of Retire	f Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business	s he/she is			Amoun	at of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, indicate which bra branches of government the contract is with:	nch or	r or prospo	ective state contractor Legisla	∐ res ✓No			\$100.00
Method of contribution:	on Money Or		Date Received 06/29/2023	Aggregate contributions \$550.00			
7-A-5-1	·	I	!	· · · · · · · · · · · · · · · · · · ·		- Mario -	

SUBTOTAL Section B - This Page	\$325.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	itory)		TYPE OF REPORT	ÇÇÇÊLEK		
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received th	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section .	A			\$0.00
B. Itemized	l Contributi	ons fr	om Individuals				
Last Name		First					M,I,
Becker		Sara	ah				
Residential Street Address	City	•			State	Zip Code	
734 Prospect Ave	Hartford	1	<u>.</u>		CT	06105-4	218
Principal Occupation Homemaker		Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality valued at more municipality was more municipality.	itor or business 1				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branc branches of government the	h or			∐ 1es ✓ No	:		\$100.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		ecutive ler	Date Received 06/28/2023	Aggregate contributions \$200.00			
Last Name		First			•		M.I.
Bingham		Rya	เท				
Residential Street Address	City				State	Zip Code	•
20 Spencer Brook Rd	New Ha	artford			CT	06057-3	3635
Principal Occupation Lobbyist		ı	of Employer van & LeShane,	Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess nunicipality does contribution in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution is in excess nunicipality does contribution in the contribution in the contribution in the contribution is in excess nunicipality does contribute nunicipality does contribute nunicipality does not not not not necessarily does not not not not not not necessarily does not not not necessarily does not not necessarily does not not necessarily does not not necessarily does not necessarily does not not necessarily does not necessarily do	ntor or business	he/she i			Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes Is contributor a principal of a ff yes, indicate which branches of government the	ch or			∐ Tes ✓ No			\$100.00
If yes, list Event # contract is with:	Ex	cecutive]		
Method of contribution:	Money Ord	ler	Date Received 05/04/2023	Aggregate contributions \$100.00)		
Last Name		First					M.I.
Belsky		Mai	rk				<u> </u>
Residential Street Address	City		1		State	Zip Code	1.40.4
19 Park Place Cir	West H				СТ	06110-1	1424
Principal Occupation Physician			of Employer ns medical Asso	ociates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality does contributed at more than the contribution is in excess municipality and the contribution is in excess municipality does contributed at more than the contributed at more than	utor or business	he/she i			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which branches of government the contract is with:	ch or	r or pros	_	√N ₀			\$200.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 04/26/2023	Aggregate contributions \$200.00			
				1	1		

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY						
(See instructions for definition of Small Con	tributor)			Subtotal S	Section A	Å			\$0.00
	B. Itemized C	ontributi	ons f	rom Indiv	riduals				
Last Name			First						M.I.
Beckett			Suz	zann					
Residential Street Address		City	<u> </u>				State	Zip Code	
543 Prospect Avenue 543 Prospect A	ve	Hartford	j				СТ	06105	}
Principal Occupation				of Employer				·····	
Attorney			Beck	cett Law L	LC				ļ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l			with have		Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state	contractor	r? Yes			¢000 00
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutiv	e [Legisl	☑ ☑No			\$200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	it Card Payroll Deduction	Money Ord	er	Date Recei 04/16/20		Aggregate contributions \$200.00			
Last Name			First						M.I.
Bershtein			Ray	ymond					
Residential Street Address		City	<u> </u>				State	Zip Cođe	
12 Hollow Oak Road 900 Chapel Stre	et New Hvn	Woodbi	ridge				CT	06525	1
Principal Occupation			1	of Employer					
Attorney			Bers	htein, Vol	pe & M	cKkeon, PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l			with have		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state	contracto	? Yes			\$100.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutiv	е [Legisl	ative No			φ100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Recei 04/10/20		Aggregate contributions \$100.00			
Last Name			First						M.I.
Brangwynne			Gra	ice					
Residential Street Address		City					State	Zip Code	•
390 Capitol Ave		Hartford					CT	06106-	1448
Principal Occupation Lobbyist			\$	of Employer Realtors A		ion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l			with have		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state	contractor	res			\$50.00
If yes, list Event #	branches of government the contract is with:		ecutiv	e [Legisla	ative No			***************************************
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debi	it Card Payroll Deduction	Money Ord	er	Date Recei 06/10/20		Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			·
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY					
See instructions for definition of	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				87.80.80.81
Last Name				First				• • •	M.I.
Borthwick				Hea	ather				
Residential Street Address			City	1			State	Zip Code	'
57 Jelliff Mill Rd			New Ca	ınaan	<u> </u>		CT	06840-6	507
Principal Occupation					of Employer				
Attorney				Shea	arman & Sterling	LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	∐ Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	_	ecutiv					•
Method of contribution: ☐ Cash ☐ Personal Check ✓]Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$1,000.00			
Last Name				First	-				M.I.
Bartlett-Josie				Chi	ristine				
Residential Street Address			City				State	Zip Code	•
1 University PI			New Ha				CT	06511-3	3240
Principal Occupation Political Consultant				1	of Employer Campaigns				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	res	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	i es	\$100.0		\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check]Credit/Debi	it Card Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$100.00			
Last Name				Firs	t			_	M.I.
Black				Mic	hael				
Residential Street Address			City				State	Zip Code	20.44
45 Pilgrim Rd			West H				CT	06117-2	2241
Principal Occupation Franchisee					of Employer T Rent-a-Car				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	res	Is contributor a principal of a sta If yes, indicate which branch of		or pro	spective state contractor	res			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ех	ecutiv	e Legisl				
Method of contribution: Cash ✓ Personal Check	Credit/Deb	it Card Payroll Deduction	Money Oro	ier	06/25/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Compl.	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford	**************************************				July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY			···		
(See instructions for definition of Small Con	tributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals		A. S. C.		
Last Name			First	ŧ				M.I.
Brechlin			Ch	ristopher				
Residential Street Address		City				State	Zip Code	
72 Village Dr, Apt 314		Hartford				CT	06109-	1099
Principal Occupation Data Scientist			ı	of Employer MPASS Youth Co	llabarativa			
			CON	WIFA33 TOURIT CO	ilaborative			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business i				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch of		or pros	spective state contractor	res			\$50.00
If yes, list Event #	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	it Card Payroll Deduction	Money Ord	er	Date Received 06/11/2023	Aggregate contributions \$150.00			
Last Name			Firs	t		L		M.I.
Chinniah			Da	viđ				s
Residential Street Address		City				State	Zip Code	<u> </u>
2482 Catherine Rd	_	Altaden	a			CA	91001-2	2340
Principal Occupation Accountant			Name UCL	e of Employer .A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pros	spective state contractor	? ☐ Yes ✓ No			\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$50.00			
Last Name			Firs	t	············			M.I.
Comer			An	drea				
Residential Street Address		City				State	Zip Code	
1 Linden Pl		Hartford				CT	06106-	1748
Principal Occupation Chief of Staff				e of Employer e of CT				***************************************
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	∐ Yes			\$100.00
If yes, list Event #	branches of government the contract is with:	Ех	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 05/07/2023	Aggregate contributions \$650.00			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Subtotal Section A B. Itemized Contributions from Individuals First Andrea	bution 100.00
B. Itemized Contributions from Individuals First	M.I. 48 bution
B. Itemized Contributions from Individuals First	M.I. 48 bution
Last Name Corner Residential Street Address 1 Linden Pl First Andrea City Hartford Name of Employer State of CT Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State of CT Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? State of CT State of CT Amount of Contributor or Dusines he/she is associated with have a contract with said municipality valued at more than \$5,000? State of CT Amount of Contributor or Dusiness he/she is associated with have a contract with said municipality valued at more than \$5,000? State of CT State of CT State of CT Amount of Contributor or Dusiness he/she is associated with have a contract with said municipality valued at more than \$5,000? State of CT State of CT State of CT Amount of Contributor or Dusiness he/she is associated with have a contract with said municipality valued at more than \$5,000? State of CT State of CT State of CT Amount of Contributor or Dusiness he/she is associated with have a contract with said municipality valued at more than \$5,000? State of CT State of	48 bution 100.00
Residential Street Address 1 Linden Pl Frincipal Occupation Chief of Staff Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state contractor? If contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Wesh Personal Check Credit/Debit Card Payroll Deduction Money Order Cantlor Residential Street Address 39 Colony Rd Principal Occupation Attorney Andrea City Hartford Name of Employer State of CT State of CT State of CT State of CT Amount of Contributor or business be/she is associated with have a contract with said municipality valued at more than \$5,000? Yes If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Og/29/2023 State Se50.00 Aggregate contributions Og/29/2023 State Zip Code CT Of6117-22 State of CT Of6117-22 State of CT Of6117-22 State of CT Of6117-22 State of CT Of6117-22 State of CT State of CT Of6117-22 State of CT Of6117-22 State of CT Of6117-22 State of CT Off17-22 Sta	48 bution 100.00
Residential Street Address Linden Pl	bution 100.00
Linden Pl	bution 100.00
Principal Occupation Chief of Staff State of CT	bution 100.00
State of CT Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Object Address 39 Colony Rd Principal Occupation Attorney If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said numicipality valued at more than \$5,000? Yes Voo Because of CT Amount of Contribution contributions of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Ob/29/2023. \$650.00 Base Received Aggregate contributions ob/29/2023. \$650.00 First Cantor City West Hartford Name of Employer Cantor Colburn LLP Is contributor a polybist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes If contribution a principal of a state contractor or prospective state contract with said municipality valued at more than \$5,000? Yes West Last Name Cantor Colburn LLP Is this contribution associated with an even principal of a state contractor or prospective state contractor? Yes Yes Yes If contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes Yes Yes Yes Yes Ye	100.00
dependent child of a lobbyist? No	100.00
State Cantor State City West Hartford State City West Hartford Cantor Countribution Countributor Object	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/29/2023. S650.00 Last Name Cantor Residential Street Address 39 Colony Rd Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? These, indicate which branch or	
Cantor Residential Street Address 39 Colony Rd Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an large sevent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes indicate which branch or	
Residential Street Address 39 Colony Rd West Hartford Name of Employer Cantor Colburn LLP Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes event reported in Section L1? Yes indicate which branch or	M.I.
39 Colony Rd West Hartford CT 06117-22 Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Indicate which branch or	
Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with anYes	
Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Yes If yes, indicate which branch or	!15
dependent child of a lobbyist? No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Indicate which branch or	
event reported in Section L1?	bution
INO I branches of revisenment the	250.00
If yes, list Event # branches of government the contract is with: Executive Legislative	
Method of contribution: Cash Personal Check Coredit/Debit Card Payroll Deduction Money Order Date Received 06/28/2023 Aggregate contributions \$250.00	
Last Name First	M.I.
Casperson Judy	L
Residential Street Address City State Zip Code Was the Institute of the I	103
380 Auburn Rd West Hartford CT 06119-10	103
Principal Occupation Business Consultant Name of Employer Casperson Consulting LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	bution
If yes, find care which oranch of branches of government the Recognitive V No	6100.0
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O4/24/2023 \$100.00	

\$450.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Co		Period O	NLY		\ \ \			
(See instructions for definition of Small Con				Subtotal Section A	<u> </u>			\$0.00
	B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name			First	•••				M.L
Cibes			Will	iam				J
Residential Street Address		City				State	Zip Code	
31 Woodland St, Apt 12		Hartford				СТ	06105-4	4335
Principal Occupation Retired			Name Retir	of Employer Od				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		∐ res ✓No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi		Money Ord		Date Received 05/09/2023	Aggregate contributions \$100.00			
Last Name			First			1		M.I.
Carter			Ant	hony				w
Residential Street Address	n mann	City				State	Zip Code	
65 Mayflower Ln		Merider	1			СТ	06450-	3520
Principal Occupation Retired			Name Retir	of Employer Ged				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or pros	pective state contractor	? Yes			\$100.00
If yes, list Event #	contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 04/30/2023	Aggregate contributions \$800.00			
Last Name			First					M,I,
Carter			Ant	hony				w
Residential Street Address		City			/	State	Zip Code	
65 Mayflower Ln		Merider				CT	06450-	3520
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business	ne/sne i			Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$200.00
If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:	_	ecutiv	eLegisl	ative ✓ No			φ
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	ler	Date Received 06/13/2023	Aggregate contributions \$800.00			

\$400.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide	e Comple	te Name as Registered with Fi	ling Reposi	tory)	1 (1 to 1		TYPE OF	REPORT			
Arunan for Hartford			<u> </u>				July 10	iling			
A. Total Contributions from Sn See instructions for definition of Sm			Period O	NLY	Subtotal	Section A					\$0.00
		B. Itemized C	ontributi	ons fi	rom Ind	viduals					
Last Name				First	1111 t. N. 1						M.I.
Brigham				Chr	istopher						
Residential Street Address			City	I	-				State	Zip Code	
6 Uplands Dr			Hartford	ł					CT	06107-1	037
Principal Occupation Attorney					of Employe ke, Kelly	er ' & Spella	асу				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more t	or business l		s associated				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	∏Yes ✓No	Is contributor a principal of a star If yes, indicate which branch of branches of government the	or	or pros		e contractor]Yes ☑No			\$200.00
Method of contribution:	redit/Debi	contract is with: Card Payroll Deduction		_	Date Rec 06/06/2	eived		contributions \$600.00			
Last Name				First							M.I.
Brinson				Coi	rey						
Residential Street Address			City						State	Zip Code	
221 Trumbull St, Apt 1706			Hartford				****		CT	06103-1	1523
Principal Occupation Consultant				1	of Employ and Cha	er nce Firm					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributed municipality valued at more	r or business l		is associate				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes ✓ No	Is contributor a principal of a state of the state of government the	or	or pros	-	e contractor		☐ Yes ☑ No	2		\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	redit/Debi	contract is with:	Money Ord		Date Red 05/25/	eived		contributions \$450.00			
Last Name				Firs							M.I.
Cabral				Jor	athan						
Residential Street Address			City						State	Zip Code	1707
25 Capitol Ave			Hartford		- C D: 1				CT	06106-	1707
Principal Occupation Director				1	of Employ Connec	er ticut Proj	ect				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contribute municipality valued at more	r or business	he/she	is associate				Amoui	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the		or pros	spective sta	_		Yes ✓ No	**************************************		\$50.00
If yes, list Event #	<u>-</u> 1.10	contract is with:	Ех	ecutiv	'e	Legisl	ative				
Method of contribution: ☐ Cash Personal Check ✓ C	redit/Debi	t Card Payroll Deduction	Money Ord	f er	Date Re- 06/30/		Aggregate	contributions \$150.00			
								····			

\$300.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide	Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from Sm	all Cor	tributors - Received this	Period O	NLY					
(See instructions for definition of Smo	all Conti	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Carbone				Vin	cent				J
Residential Street Address			City				State	Zip Code	
25 Garden St			Wethers				CT	06109-3	3118
Principal Occupation Restraunt				Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business I				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?]Yes	Is contributor a principal of a state		or pros	pective state contractor	? Yes			\$300.00
	No	If yes, indicate which branch or branches of government the contract is with:		ecutiv	e Legisla	ative No			φοσο,σσ
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 06/20/2023	Aggregate contributions \$1,300.00			
Last Name				First					M.I.
Butler				And	drew				J
Residential Street Address			City				State	Zip Code	·
5303 N Concord Ave	_		Portland				OR	97217-3	3711
Principal Occupation CEO					of Employer Partners Inc.				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business i				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$100.00
	No	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	eLegisl:	ative No			φ100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 05/01/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Canzano				Ga	il				
Residential Street Address			City				State	Zip Code	
19 Vanderbilt Rd		<u></u>	West H				CT	06119-	342
Principal Occupation clinical psychologist					of Employer Southard Canzai	no, PhD			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ☑No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	at of Cont	ribution
event reported in Section L1?	Yes No	Is contributor a principal of a state of the		or pros	pective state contractor	r?			\$50.00
If yes, list Event #	ן יייני	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative [V] NO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 04/10/2023	Aggregate contributions \$50.00			
		V/****							

\$450.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with	ith Filing Repos	itory)		TYPE OF REPORT	43.48(1.450)		
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemiz	ed Contribut	ions f	rom Individuals				
Last Name		First				***********	M.I.
Carabetta		Sal	vatore				R
Residential Street Address	City				State	Zip Code	
200 Pratt Street 156 Sams Rd, Apt A	Meride	n			CT	06450	-
Principal Occupation			of Employer				
Contractor Developer		Cara	ibetta Companies	3			
Is contributor a lobbyist, spouse, or Yes If contribution is in exemple dependent child of a lobbyist? If contribution is in exemple dependent child of a lobbyist? If contribution is in exemple dependent child of a lobbyist? If contribution is in exemple dependent child of a lobbyist? If contribution is in exemple dependent child of a lobbyist?	ibutor or business	he/shc			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a principal of If yes, indicate which branches of government to branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which branches of government to the section of If yes, indicate which is the section of If yes	anch or			∐ Tes ✓ No		\$	1,000.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deducti		ecutiv 	Date Received	Aggregate contributions \$1,000.00			
Last Name	<u>-</u>	Firs		ψ1,000,00			M.I.
Collins		Su					A
Residential Street Address	City	Ou	<u> </u>		State	Zip Code	\Box
52 Concord Street 52 Concord St	West H	lartfor	rd		CT	06119	
Principal Occupation Retired		Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in exemunicipality does contribution in exemunicipality does contribution is in exemunicipality does contribution is in exemunicipality.	ributor or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which broches of government to contract is with:	anch or	or pros		∐ Tes ✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 05/31/2023	Aggregate contributions \$500.00			
Last Name		Firs	1				M.I.
Brown		Ha	nnah				
Residential Street Address	City		1		State	Zip Code	1000
147 Griswold Dr	West F				CT	06119-	1020
Principal Occupation Speech-Language Pathologist			e of Employer st Hartford Public	Schools			
Is contributor a lobbyist, spouse, or Yes If contribution is in exchange dependent child of a lobbyist? No No West No.	ributor or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which branches of government branches of government	anch or	г ог рго	spective state contracto	r?			\$25.00
If yes, list Event # PNO branches of government contract is with:	ше □E:	xecutiv	e Legisi	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduct	ion Money Or	der	Date Received 06/23/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$1,525.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide C	Complete	Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford	***************************************					July 10 filing			
A. Total Contributions from Sma	ll Cont	ributors - Received this	Period O	NLY					
(See instructions for definition of Smal	ll Contril	butor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				Firs					M.I.
Cavallaro				An	tonio				
Residential Street Address	······		City	.			State	Zip Code	<u> </u>
199 Clearfield Rd			Wethers	sfield			CT	06109-3	3220
Principal Occupation Auto Body Shop production man	ager				of Employer ort Rd Auto Body				
dependent child of a Johnwet?	Yes No	If contribution is in excess of smunicipality does contributor omunicipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	res	s contributor a principal of a state If yes, indicate which branch or branches of government the		·	_	∐ res ✓ No			\$500.00
## Method of contribution: Cash Personal Check	lit/Debit C	contract is with:	. 	ecutiv	Date Received 06/27/2023	Aggregate contributions \$500.00			
Last Name				Firs					M.I.
Bromfield				Do	uglas				
Residential Street Address	······································		City				State	Zip Code	<u>. </u>
380 Homestead Ave			Hartford	l			CT	06112-2	2125
Principal Occupation General Contractor					of Employer ital Restoration In	ıc.			
danandant shild of a labbuist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ies	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros	_	∐ Yes ✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cred	lit/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 06/27/2023	Aggregate contributions \$500.00			
Last Name				Firs					M.I.
Chambers				Ro	ndell				
Residential Street Address 465 Franklin Ave			City Hartford	l			State CT	Zip Code 06114-2	2949
Principal Occupation Go Green CEO		•			of Employer Green variety mea	at market			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
event reported in Section L17	res	s contributor a principal of a state If yes, indicate which branch or		or pro	spective state contractor	∐ Yes			\$500.00
If yes, list Event # Method of contribution:	INO	branches of government the contract is with:	Exe	ecutiv		(-100-1111)			
Cash Personal Check Cred	lit/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 06/27/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Film	ng Reposit	tory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing	<u></u>		
A. Total Contributions from Small Contributors - Received this P	eriod Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ntributio	ons fr	om Individuals				
Last Name		First		· · · ·			M.I.
Cherian		Shib	u				
	City	<u> </u>			State	Zip Code	
100 14111201103 114	Newingt				CT	06111-1	009
Principal Occupation Finance Cintroller			of Employer ess Kitchens				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? If contribution is in excess of \$\\ \text{municipality does contributor o municipality valued at more that}}	r business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the	_	or prosp ecutive		☑ No		\$1	00.00,1
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Ll		Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Cherian		Len	y				
Residential Street Address	City				State	Zip Code	000
108 Kimberley Rd	Newingt		of Employer		CT	06111-1	009
Principal Occupation RN		CCM					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more that	or business h				Amour	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the		or prosp	ective state contractor	?			\$500.00
If yes, list Event # branches of government the contract is with:	☐ Exe	ecutive	Legisla	tive V 140			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 06/29/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
carroll		aud	rey				1
Residential Street Address	City				State	Zip Code	016
1473 W Wesley Rd NW	Atlanta	l Ne	of Employer		GA	30327-1	040
Principal Occupation student		none					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more the	or business l				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp	_	✓ No	- Anna anna anna anna anna anna anna ann	\$	1,000.00
Method of contribution:	Money Ord	ler	Date Received 06/30/2023	Aggregate contributions \$1,000.00			
			1				

\$2,500.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repos	sitory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Receive	ed this Period C	ONLY			******		
(See instructions for definition of Small Contributor)		•	Subtotal Section A				\$0.00
B. Iten	nized Contribut	tions fr	om Individuals				
Last Name		First					M.I.
Corbitt		Curti	s				
Residential Street Address	City				State	Zip Code	<u> </u>
243 Lake St	Vernon	1			CT	06066-6	320
Principal Occupation		1	f Employer				
project manager		ACOR	RE Builders, LLC	,			
	ntributor or business	he/she is	ommittee for a chief e associated with have a Yes		Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?		r or prospe	ective state contractor	? Yes			\$100.00
VNO branches of government	nt the			. No			φτουίου
if yes, list event # contract is with:		xecutive	Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	iction Money Ord	der	Date Received 06/06/2023	Aggregate contributions \$1,000.00			
Last Name		First	00/00/2020	Ψ1,000,00			M.I.
Braunstein		Mery	/I				141.1.
Residential Street Address	City				State	Zip Code	!
136 Woodford Hills Dr	Avon			·	СТ	06001-3	3924
Principal Occupation Homemaker		1	f Employer emaker				
	ntributor or business	he/she is	ommittee for a chief e associated with have a		Amour	ıt of Conti	ribution
Is this contribution associated with an Yes Is contributor a principa	l of a state contractor	r or prospe	ective state contractor	? TYes		Φ.	4 000 00
If yes, indicate which branches of government						Þ	1,000.00
If yes, list Event # contract is with:	Ех	xecutive	Legisla	ttive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Dedu	action Money Ord	der	Date Received 06/30/2023	Aggregate contributions \$1,000.00			
Last Name		First	F		1		M.I.
Carroll		Jona	ıthan				G
Residential Street Address	City				State	Zip Code	
1473 W Wesley Rd NW	Atlanta	l			GA	30327-1	1846
Principal Occupation Student			f Employer on college				
	ntributor or business	he/she is	ommittee for a chief e associated with have a		Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branches of governments of the section of the section branches of governments of the section branches of governments.	branch or	r or prospe	ective state contractor	i es			\$350.00
If yes, list Event # branches of government contract is with:	nt the Ex	xecutive	Legisla	√ No ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Dedu	nction Money Ord	der	Date Received 06/30/2023	Aggregate contributions \$350.00			

\$1,450.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered w	vith Filing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O						
(See instructions for definition of Small Contributor)		vare-Mga i	Subtotal Section A		******************		\$0.00
	zed Contributi		rom Individuals				
Last Name		First					M,I.
Brown		Trac	cie				
Residential Street Address	City				State	Zip Code	
30 Lochview Dr	Windso	r			CT	06095-1	523
Principal Occupation Attorney		1	of Employer Department of Co	rrections			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excommunicipality does contimunicipality valued at	ributor or business l	he/she i			Amour	ıt of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Yes Is contributor a principal of	ranch or		_	∐ 1es ✓ No	Liwasan		\$100.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduct	Lion Money Orde	ecutive ler	Date Received 06/11/2023	Aggregate contributions \$100.00			:
Last Name		First					M.I.
Bryan		Vale	erie				
Residential Street Address	City				State	Zip Code	L
180 Beacon St	Hartford	d			CT	06105-2	2913
Principal Occupation None		Name None	of Employer Ə				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in examinicipality does continuicipality valued at	ributor or business I	he/she i			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which by branches of government	ranch or		_	✓ No			\$50.00
If yes, list Event # contract is with:	Ex	ecutive	······································	ative			
Method of contribution: ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduct	tion Money Ord	ler	Date Received 04/04/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Buell		Ave	ery				
Residential Street Address	City	_			State	Zip Code	
69 Goodwin Cir	Hartford				СТ	06105-5	5205
Principal Occupation Investment Advisor		1	of Employer gan Stanley				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exmunicipality does continuounicipality valued at	tributor or business	he/she i			Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which b branches of government	ranch or	·		∐ res			\$100.00
If yes, list Event # contract is with:	Ex	xecutiv		ative —			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduc	tion Money Ord	der	Date Received 05/25/2023	Aggregate contributions \$100.00			

\$250.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Register	ed with Fil	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford		- 101 - 110			July 10 filing			
A. Total Contributions from Small Contributors - Recei	ved this	Period O	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section A				\$0.00
B. Ite	emized C	ontributi	ons f	rom Individuals				
Last Name	*****		First					M.I.
Buchanon-Brown			Too	oyia				D
Residential Street Address		City				State	Zip Code	
35 Cromwell St		Hartford				CT	06114-	3008
Principal Occupation Owner			ı	of Employer Me Crazy Beau	ty Bar			
	contributor	or business I	ndidate	committee for a chief s associated with have	executive officer of a	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princip of the section L1? If yes, indicate which branches of government contract is with:	- ch branch or	r	or pros	pective state contracto	∐ res ✓No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll De	eduction	Money Ord	er	Date Received 04/01/2023	Aggregate contributions \$100.00			
Last Name			First		-			M.I.
Calderon			Jor	ge				
Residential Street Address		City	_1_1			State	Zip Code	2000
17 Merriam Ave		Bloomfi		48. 1		CT	06002-	3806
Principal Occupation Owner			1	of Employer Il Group, LLC				
	contributor	or business l		committee for a chief is associated with have		Amour	nt of Cont	ribution
event reported in Section L1? If yes, indicate which branches of government in Section L1?	ch branch o	г	or pros	pective state contracto	∐ res √No			\$200.00
Method of contribution:			ecunv			-		
Cash Personal Check Credit/Debit Card Payroll De	eduction _	Money Ord	ег	Date Received 06/20/2023	Aggregate contributions \$200.00			
Last Name			First					M.I.
Fuchsman			Wil	liam				
Residential Street Address		City				State	Zip Code	
175 Adams St, Apt 14A		Brookly		0 5		NY	11201-	1859
Principal Occupation Attorney			ŀ	of Employer urst LLP				
	contributor	or business l		committee for a chief is associated with have Yes		Amour	t of Cont	ribution
event reported in Section L1?	- ch branch o		or pros	pective state contracto	L res			\$200.00
If yes, list Event #	nent the	Ex	ecutiv	e	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll De	eduction	Money Ord	er	Date Received 06/27/2023	Aggregate contributions \$450.00			<u>.</u>

\$500.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete	e Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT		Spanie i en	20,34,555
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Cont	tributors - Received this	Period O	NLY					
(See instructions for definition of Small Contri	butor)			Subtotal Section A	<u> </u>			\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Cusick			Kar	en				Т
Residential Street Address		City				State	Zip Code	L
6 Diana Dr		Woodbr	idge			CT	06525-1	217
Principal Occupation				of Employer				Ì
Consultant			Cusi	ck & Co LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business I				Amoun	t of Conti	ribution
event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			∐ Tes ✓ No			\$200.00
If yes, list Event #	contract is with:	Ех	ecutiv		itive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit 0	Card Payroll Deduction	Money Ord	er	Date Received 05/15/2023	Aggregate contributions \$300.00			
Last Name			First		•			M.I.
Cusick			Kai	en				Т
Residential Street Address	"	City				State	Zip Code	
6 Diana Dr		Woodbi				CT	06525-1	1217
Principal Occupation Consultant				of Employer ick & Co LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	les			\$100.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$300.00			
Last Name			Firs					M.I.
Gabbard		T	Lyr	nn		I	T	
Residential Street Address		City North H	lavon			State CT	Zip Code 06473-2	2901
1530 Ridge Rd Principal Occupation		INCHAIL	,	of Employer		<u> </u>	1 0041 0*2	-001
Retired			Reti					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business han \$5,000?	he/she	is associated with have Yes	a contract with said No	Amoun	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pro	spective state contractor	∐ 1es			\$50.00
If yes, list Event #	branches of government the contract is with:	Ех	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 05/03/2023	Aggregate contributions \$50.00			

\$350.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Revised January	2015

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NAME OF COMMITTEE (Provide Complete Name as I	Registered with Filing Repost	itory)	TYPE OF REPORT			
Arunan for Hartford			July 10 filing			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	Received this Period O	NLY Subtotal Section A				\$0.00
	B. Itemized Contributi	ons from Individuals				
Last Name		First				M.I.
DUBOW		BENJAMIN				D
Residential Street Address	City			State	Zip Code	
18 Elm St	Hartford			CT	06106-1	769
Principal Occupation Executive Director		Name of Employer Forge City Works				
dependent child of a lobbyist? Max municipal	ation is in excess of \$400 to a car ity does contributor or business h ity valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1?	r a principal of a state contractor cate which branch or government the Exit	or prospective state contracto	V 1es □No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ P	ayroll Deduction Money Orde	Date Received 06/23/2023	Aggregate contributions \$700.00			
Last Name		First				M.I.
Fecteau		John				
Residential Street Address	City			State	Zip Code	
24 Tonica Spring Trl	Manche	ester		CT	06040-6	6747
Principal Occupation Engineer		Name of Employer Executive Order Con-	sulting LLC			
dependent child of a lobbyist? municipal	ution is in excess of \$400 to a car ity does contributor or business l ity valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1? If yes, individual branches of branches of	r a principal of a state contractor cate which branch or government the	or prospective state contracto	∐ Yes ✓ No			\$50.00
Method of contribution:	ayroll Deduction Moncy Ord	Date Received	Aggregate contributions \$50.00			
Last Name		First				M.I.
Durand		Brian				
Residential Street Address 25 Wintergreen Ln	City West H	artford		State CT	Zip Code 06117-1	816
Principal Occupation Consultant		Name of Employer Intersect Public Solut	ions			
dependent child of a lobbyist? municipal	ution is in excess of \$400 to a cau lity does contributor or business l lity valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1? If yes, indi	r a principal of a state contractor cate which branch or	or prospective state contracto	r? ☐ Yes ☑ No		\$	1,000.00
If yes, list Event # branches of contract is	government the Exwith:	ecutive Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ F	ayroll Deduction Money Ord	Date Received er 06/29/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	A CONTRACTOR OF THE PROPERTY O	***************************************			July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Com	ributor)		S	ubtotal Section A	: L			\$0.00
	B. Itemized C	ontributi	ons fro	m Individuals				
Last Name			First					M.I.
Doucette			Jaso	n				
Residential Street Address		City	<u> </u>			State	Zip Code	
85 Stephanies Way		Manche	ester			CT	06040-4	1570
Principal Occupation			Į.	f Employer	0			
Attorney			Gaglia	ırdi Doucette Ll				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or prospo	ective state contracto	Yes Yo			\$100.00
If yes, list Event #	contract is with:	☐Ex	ecutive	Legisl	ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord		Date Received 06/20/2023	Aggregate contributions \$100.00			
Last Name			First	***************************************				M.I.
Fredlund			Jaso	n				M
Residential Street Address		City				State	Zip Code	
54 New Park Ave		Hartford				CT	06106-2	2122
Principal Occupation Self			Name o	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she is			Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch of		or prospe	ective state contracto	r? ☐ Yes ✓ No			\$25.00
If yes, list Event #	branches of government the contract is with:	В×	cecutive	Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	der	Date Received 06/26/2023	Aggregate contributions \$225.00			
Last Name			First					M.I.
French			Mea	gan				
Residential Street Address		City				State	Zip Code	
222 Munger Hill Rd		Westfie				MA	01085-	4592
Principal Occupation Sales				of Employer rLesson				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more	r or business than \$5,000?	he/she is	associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta		r or prosp	ective state contracto	or? Yes			\$200.00
If yes, list Event #	If yes, indicate which branch of branches of government the contract is with:		xecutive	Legis	lative No			,
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Or	der	Date Received 04/11/2023	Aggregate contributions \$200.00	1		
	-10.4*					· · · · ·		<u>-</u>

\$325.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comp.	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section A	X			\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First		<u></u>	.,,		M.I.
DeFilippis			Ant	hony				c
Residential Street Address		City	J			State	Zip Code	
37 Linnard Rd		West H	artfor	d		СТ	06107-1	1233
Principal Occupation			ı	of Employer				
Tour Operator			Self					
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	r? Yes			ቀሳደሳ ሳሳ
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisl	✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	n Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Evans			Dav	vid				J
Residential Street Address		City	.L		······································	State	Zip Code	
75 Hockanum Blvd, Unit 3211		Vernon				CT	06066-4	1079
Principal Occupation Consultant/atty				of Employer ans & Associate	s, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business 1				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contracto	r? Yes			\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	eLegisl	ative V 100			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 05/25/2023	Aggregate contributions \$150.00			
Last Name			First	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				M.I.
Evans			Dav	vid .				J
Residential Street Address		City				State	Zip Code	
75 Hockanum Blvd, Unit 3211		Vernon				СТ	06066-4	1079
Principal Occupation Consultant/atty				of Employer vans & Associate	s, LLC			:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pros	pective state contracto	res			\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 05/25/2023	Aggregate contributions \$150.00		-	V-111

\$350.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			W 81.48 V
Arunan for Hartford					·	July 10 filing			
A. Total Contributions from S	mall Co	ntributors - Received this	Period O	NLY					
See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions fi	om Individuals				
Last Name				First					M.I.
George				Eric	;				j
Residential Street Address			City	•			State	Zip Code	
52 Gregory Hill Dr			Glaston	bury			CT	06033-2	2507
Principal Occupation President				Name IAC	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☑ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r —	or pros		∐ Tes ✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Dcbi	contract is with:			Date Received 04/30/2023	Aggregate contributions \$400.00			
Last Name				First					M.I.
Cronin				Anr	1				P
Residential Street Address 60 Goodwin Cir			City Hartford	d			State CT	Zip Code 06105-5	5206
Principal Occupation Retired				Name Retii	of Employer red			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state of the		or pros	pective state contractor	1 cs			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	cecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	ter	Date Received 04/30/2023	Aggregate contributions \$600.00			_
Last Name				Firs					M.I.
Fitch				Ma	tthew				
Residential Street Address			City				State	Zip Code	4000
3379 Whitney Ave, Apt 21			Hamde				CT	06518-	1922
Principal Occupation Consultant					of Employer riman River Grou	р			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributed municipality valued at more t	r or business	he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	r or pro: xecutiv	·	∐ 1es √No			\$500.00
		contract is with:		ACCUIT	Date Received	Aggregate contributions	-		
Method of contribution: Cash Personal Check ✓	Credit/Deb	it Card Payroll Deduction	Money Or	der	05/17/2023	\$500.00			

\$850.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Revised January 201	5

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NAME OF COMMITTEE (Provide Complete N	Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing	·		
A. Total Contributions from Small Contri	ibutors - Received this	Period O	NLY					
(See instructions for definition of Small Contribu	ttor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Evermore			Mic	hele				A
Residential Street Address		City				State	Zip Code	
130 Maple St		Wethers	sfield			CT	06109-3	3721
Principal Occupation Senior Fellow			i	of Employer Century Foundati	ion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more th	or business b				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or branches of government the	r	-		∐ res √ lNo			\$50.00
If yes, list Event # C C	contract is with:		ecutiv	Date Received 05/17/2023	Aggregate contributions \$50.00			
Last Name		···	First			·		M.I.
Firestone			Ow	en				
Residential Street Address		City				State	Zip Code	
30 Princeton St		West Ha	artfor	d		CT	06110-1	893
Principal Occupation lawyer			I .	of Employer of Connecticut				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business 1				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state		or pros	pective state contractor	?			\$50,00
If yes, list Event #	oranches of government the contract is with:	Exe	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Car	rd Payroll Deduction	Money Orde	er	Date Received 05/17/2023	Aggregate contributions \$50.00			
Last Name			First			·		M,I,
Duff		·	Chi	ristopher				
Residential Street Address 1108 New Britain Ave		City Rocky F	Hill			State CT	Zip Code 06067-	1710
Principal Occupation Account Executive			1	of Employer IthEdge				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business I				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state of yes, indicate which branch or		or pros	pective state contractor	Yes			\$100.00
If yes, list Event #	oranches of government the contract is with:		ecutiv			-		
Method of contribution: Cash Personal Check Credit/Debit Car	rd Payroll Deduction	Money Orde	er	Date Received 06/06/2023	Aggregate contributions \$300.00		********	

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered wi	ith Filing Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing	9-11-18-70-70-70-70-7	and the second second second second	
A. Total Contributions from S (See instructions for definition of S		ributor)			Subtotal Section A				\$0.00
		B. Itemiz	ed Contributi		rom Individuals				
Last Name				First		·			M.L.
Garrett				Dar	niel				
Residential Street Address			City				State	Zip Code	
106 Sherman Avenue 106 St	nerman A	ve	Hamde				CT	06518	
Principal Occupation					of Employer	sinoso nomo			
property manager	_			261	employed no bus	siness name			į
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in exce municipality does contri municipality valued at n	ibutor or business l				Amour	nt of Conti	ribution
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 bra branches of government to contract is with:	nnch or	or pros	-	∐ 1es ✓ No			\$35.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi		on Money Ord	er	Date Received 05/19/2023	Aggregate contributions \$60.00)		
Last Name		· · ·		First					M.I.
Coyne				Juli	ie				К
Residential Street Address	_		City				State	Zip Code	1
1989 Linda Flora Dr			Los An	geles			CA	90077-1	1404
Principal Occupation Consultant				Name self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excumunicipality does contribution municipality valued at r	ibutor or business	he/she			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of If yes, indicate which bra	anch or	or pros	spective state contracto	□ 1.cs			\$100.00
If yes, list Event #	✓ No	branches of government t contract is with:	he Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payrofl Deducti	on Money Ord	ler	Date Received 06/01/2023	Aggregate contributions \$125.00	ž.		
Last Name				Firs	t				M.I.
Flaherty				Bri	an				J
Residential Street Address			City				State	Zip Code	
94 Sunset Dr			Naugat				СТ	06770-2	2409
Principal Occupation Public Relations					of Employer van & LeShane I	Public Relations, Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in exc municipality does contr municipality valued at r	ibutor or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of If yes, indicate which branches of government	anch or	or pro	spective state contracto	r? ∐Yes ✓No			\$250.00
If yes, list Event #		contract is with:	E	ecutiv	re Legis	lative			
Method of contribution: Cash Personal Check	Credit/Deb	it Card Payroll Deducti	ion Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$500.00	1		

\$385.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford		<u> </u>			July 10 filing	2011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
A. Total Contributions from Small Co (See instructions for definition of Small Con		Period O		Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fi	om Individuals				4631627
Last Name			First					M.I.
Dubin			Ton	n				
Residential Street Address		City				State	Zip Code	
197 Signal Hill Rd		Wilton				CT	06897-1	933
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the	Г			∐ Yes ✓No			\$500.00
if yes, ust event #	contract is with:	Ex	ecutivo		ntive			
Method of contribution: Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 05/07/2023	Aggregate contributions \$500.00			
Last Name			First	<u></u>				M.I.
D'Italia			Cat	herine				
Residential Street Address		City				State	Zip Code	
31 Woodland St, Apt 12E		Hartford	ŀ			CT	06105-4	339
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or prost	pective state contractor	⊥ Yes			\$100.00
If yes, list Event #	branches of government the contract is with:	Ех	ecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Det	it Card Payroll Deduction	Money Ord	er	Date Received 06/27/2023	Aggregate contributions \$600.00			
Last Name			First					M.I.
Dodge			Dall	las				С
Residential Street Address		City			***************************************	State	Zip Code	
188 Westmont St		West H				СТ	06117-2	926
Principal Occupation Consultant				of Employer & Leroy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or prosi	pective state contractor	Yes			\$750.00
If yes, list Event #	branches of government the contract is with:	-	ecutive	eLegisla	√ No ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	oit Card Payroll Deduction]Money Ord	er	Date Received 05/01/2023	Aggregate contributions \$1,250.00	area		

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Revised Januar	y 2015

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NAME OF COMMITTEE (Providence)	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford			<u></u>			July 10 filing			
A. Total Contributions from S (See instructions for definition of Si			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals		Mind Color		
Last Name			-	First					M.I.
felton-reid				hila	ry				
Residential Street Address			City	1			State	Zip Code	L
24 Center St			Wethers	sfield			CT	06109-2	2306
Principal Occupation Lobbyist					of Employer Government Relat	tions Group of Robir	nson and	d Cole	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Yes ✓No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the	r	or pros		∐ 1es ✓ No			\$100,00
Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction			Date Received 05/07/2023	Aggregate contributions \$100.00			
Last Name			_	First	l				M.I.
CROSSETTE THAMBIAH				Log	ja				c
Residential Street Address			City				State	Zip Code	
2559 Canterbury Ln			Simi Va	lley			CA	93063-	0455
Principal Occupation Legal compliance Analyst				ł	of Employer care assurance C	ompany			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		∐ res ✓No			\$50.00
Method of contribution: Cash Personal Check	Credit/Debi		Money Ord		Date Received 05/06/2023	Aggregate contributions \$50.00			
Last Name				Firs	tt				M.I.
DeVivo				The	omas				E
Residential Street Address			City				State	Zip Code	<u> </u>
110 Bolivia St			Willima	ntic			CT	06226-	2818
Principal Occupation Retired				Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	If contribution is in excess of municipality does contributor nunicipality valued at more t	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	Is contributor a principal of a state If yes, indicate which branch of branches of government the contract is with:	r _	or pro	_	∐ 1es ✓No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi		Money Ord	ler	Date Received 05/05/2023	Aggregate contributions \$500.00)		

\$650.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Con	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Conti	ributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Fernando			Kur	ทย				
Residential Street Address		City				State	Zip Code	<u> </u>
46 Grouse Lane 46 Grouse Ln		Woodbi	idge			CT	06525	
Principal Occupation			ì	of Employer				
retired			retire	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes			\$50.00
event reported in Section L1?	If yes, indicate which branch or branches of government the	r			. Vo			φ30,00
If yes, list Event #	contract is with:	Ex	ecutiv		ative			
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 04/10/2023	Aggregate contributions \$50.00			
Last Name			First			•		M.I.
Deristel-Leger			Fra	ncoise				
Residential Street Address		City	•		······································	State	Zip Code	<u> </u>
48 Oxford St		Hartford	1			CT	06105-2	2914
Principal Occupation Educator		!	ı	of Employer valk Public Schoo	ols			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat		or pros	pective state contractor	Yes	1		\$25.00
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of government the		ecutiv	o DI ocial	✓ No			φευ.υυ
Method of contribution:	contract is with:		ecutiv	e Legisl Date Received				
Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	er	04/10/2023	Aggregate contributions \$25.00	i		
Last Name			First		, , , , , , , , , , , , , , , , , , , ,	<u> </u>		M.I.
Fazzino			Jos	eph				
Residential Street Address		City	1			State	Zip Code	L
10 Day Pond Rd		Colches	ster			CT	06415-2	2607
Principal Occupation Business, representative				of Employer AT District Counc	il 11		•	
Is contributor a lobbyist, spouse, or Yes	If contribution is in excess of	\$400 to a car	L ndidate	committee for a chief	executive officer of a	I .		*T. **
dependent child of a lobbyist?	municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch of		or pros	pective state contracto	☐ i es			\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 05/19/2023	Aggregate contributions \$50.00			_

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Nam	ie as Registered with Filing Rep	ository)		TYPE OF REPORT		HICCORD SAN	
Arunan for Hartford July 10 filing		July 10 filing	<u> </u>	<u> </u>			
A. Total Contributions from Small Contribu	tors - Received this Period	ONLY					
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
	B. Itemized Contrib	utions f	rom Individuals				50.000
Last Name		First					M.I.
Fleischmann		Kar	1				
Residential Street Address	City	l.			State	Zip Code	
1055 Prospect Ave	West	Hartfor	d		CT	06105-1	104
Principal Occupation		1	of Employer				
Retired		Retir	ed				
dependent child of a lobbyist?	contribution is in excess of \$400 to a unicipality does contributor or busine unicipality valued at more than \$5,00	ss he/she i			Amoun	t of Contr	ribution
1 118 1	tributor a principal of a state contract	tor or pros	pective state contractor	? ☐Yes			\$500.00
event reported in Section L1?	s, indicate which branch or iches of government the			✓ No			φ300.00
	ract is with:	Executiv	e Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroli Deduction Money (Order	Date Received 05/23/2023	Aggregate contributions \$500.00			İ
Last Name		First					M.I.
Gale		Tra	су				
Residential Street Address	City				State	Zip Code	L
6 Cone St	Hartfe	ord			CT	06105-2	2501
Principal Occupation Retired		Name Reti	of Employer red				
dependent child of a lobbyist?	contribution is in excess of \$400 to a unicipality does contributor or busine unicipality valued at more than \$5,00	ess he/she			Amour	t of Cont	ribution
res	tributor a principal of a state contrac	tor or pros	pective state contractor	? Yes			\$500.00
No hran	es, indicate which branch or inches of government the	iri .r		. V No			4000,00
	tract is with:	Executiv			<u> </u>		
Method of contribution: Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction Money	Order	Date Received 05/25/2023	Aggregate contributions \$500.00			
Last Name		Firs			<u> </u>	 _	M.I.
Fletcher		Lyr	ne				
Residential Street Address	City	Lyı			State	Zip Code	<u> </u>
66 Pine Glen Rd	Sims	bury			CT	06070-2	2748
Principal Occupation		Name	of Employer				
Chief Marketing Officer		Сар	Specialty				
dependent child of a lobbyist?	contribution is in excess of \$400 to a unicipality does contributor or busing unicipality valued at more than \$5,00	ess he/she			Amour	nt of Cont	ribution
event reported in Section L1?	ntributor a principal of a state contractes, indicate which branch or naches of government the		_	∐ 1es ✓ No			\$100.00
	tract is with:	Executiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money	Order	Date Received 05/26/2023	Aggregate contributions \$100.00			
					WATE .		

Page \$1,100.00	SUBTOTAL Section B - This Page
ages \$123,568.00	TOTAL of Section B Pages
₺ ₺ 23.300. UU	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Arunan for Hartford A. Total Contributions from Small Contributors - Received this Period ONLY	
A. Total Contributions from Small Contributors - Received this Period ONLY	
(See instructions for definition of Small Contributor) Subtotal Section A	\$0.00
B. Itemized Contributions from Individuals	
Last Name First	M.I.
Dighello Richard	M
Residential Street Address City State Z	Zip Code
70 Ten Acre Rd New Britain CT C	06052-1532
Principal Occupation Name of Employer	
Attorney Updike, Kelly & Spellacy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of the contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	of Contribution
Is this contribution associated with an Yes	\$100.00
event reported in Section L1? If yes, list Event # If yes, indicate which branch or branches of government the contract is with: Executive Legislative	\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order Date Received 05/31/2023 \$100.00	A
Last Name First	M.I.
Cristofaro Victor	
Residential Street Address City State 2	Zip Code
87 Barry Pl Rocky Hill CT C	06067-1207
Principal Occupation School Principal Name of Employer Hartford Public Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	of Contribution
Is this contribution associated with an event reported in Section L1? Yes V No V No Is contributor a principal of a state contractor or prospective state contractor? Yes V No V No V No	\$300.00
If yes, list Event # Executive Legislative	
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order Date Received 06/13/2023 \$300.00	
Last Name First	M.I,
frank spencer	
	Zip Code 06443
Principal Occupation Digital Ad Tech Name of Employer Programmatic Mechanics	:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Amount of the contribution of the	of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the variety of the provided in the provided	\$1,000.00
tf yes, list Event # Contract is with: Executive Legislative	
Method of contribution: Date Received 06/13/2023 Aggregate contributions \$1,000.00 Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 06/13/2023 \$1,000.00	

SUBTOTAL Section B - This Page	\$1,400.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Co (See instructions for definition of Small Cont		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name			First					M,I,
Diaz			Nel	son				
Residential Street Address		City	•			State	Zip Code	•
119 Colonel Chester Dr		Wethers	sfield			CT	06109-2	2534
Principal Occupation Retail store owner			ı	of Employer /n Supermarket				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor nunicipality valued at more the	or business 1				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	г	or pros	·	∐ res √No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	contract is with:	Money Ord		Date Received 06/13/2023	Aggregate contributions \$500.00			
Last Name	······································		First			I		M.I.
Cristovao			Ped	iro				J
Residential Street Address 33 Roberts Rd		City Marlbor	ough			State CT	Zip Code 06447-1	1415
Principal Occupation Electrician			t	of Employer lectric			ì	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch o branches of government the	r 	or pros		∐ 1es ✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	contract is with:	Money Ord		Date Received 06/15/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
FRANK			BR	ANDON				
Residential Street Address 84 Weaver St, Unit D		City Greenw	/ich			State CT	Zip Code 06831-5	5134
Principal Occupation Finance		•	1	of Employer r Patrol			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event #	Is contributor a principal of a star If yes, indicate which branch or branches of government the contract is with:	or	or pros		∐ Yes ✓ No		\$	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	<u>'</u>	Money Ord		Date Received 06/15/2023	Aggregate contributions \$1,000.00	-		

SUBTOTAL Section B - This Page	\$1,750.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repos	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received the	his Period O	NLY					
(See instructions for definition of Small Contributor)		S	Subtotal Section A				\$0.00
B. Itemize	d Contributi	ions fro	m Individuals				
Last Name		First	-			•.	M.I.
Ford		Paul					
Residential Street Address	City	1			State	Zip Code	
280 Trumbull St, # 280	Hartford	d			CT	06103-3	3509
Principal Occupation		1	f Employer				
Attorney		Fora &	k Paulekas LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution.	utor or business !				Amour	ıt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No Is contributor a principal of a ff. yes, indicate which branches of government the	ch or			∐ res			\$100.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received	Aggregate contributions			
Last Name	· L Money Ord	First	06/15/2023	\$100.00			M.I.
							WI.I.
Faye Residential Street Address	1 6:44	Briar	1		Ot-4-	2:0.1.	
221 Old Cider Mill Rd	City Southin	aton			State CT	Zip Code 06489-1	877
Principal Occupation	1		f Employer			1	
Mortgage broker		New E	England Home N	Nortgage			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the municipality was contributed at more municipality valued at more many contributions is in excess municipality valued at more municipality valued at more many contributions is in excess municipality valued at more municipality valued at more many contributions is in excess municipality.	utor or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a lf yes, indicate which brane	ch or	or prospe	ective state contractor	i es		\$	1,000.00
If yes, list Event # VNO branches of government the contract is with:	Ex	ecutive	Legisla	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	n Money Ord	ì	Date Received 06/22/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Fallon		Mich	ael				
Residential Street Address	City	-1 			State	Zip Code	
28 Prospect St	Middlet		-		СТ	06457-2	2622
Principal Occupation Outreach Director		US Se	f Employer enate				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality valued at more	utor or business	he/she is			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which branches of government the	ch or			∐ res ✓ No			\$48.00
If yes, list Event # contract is with:	∐Ex	ecutive	Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Ord		Date Received 06/23/2023	Aggregate contributions \$48.00			

SUBTOTAL Section B - This Page	\$1,148.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Last Name Frank First Fi
First Firs
Residential Street Address 113 East Rd Residential Street Address 114 East Rd Residential Street Address 115 Contributor a lobbyist, spouse, or dependent child of a lobbyist? Residential Street Address 115 Executive Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions State City Wethersfield Ramon Residential Street Address City Wethersfield Ramon Principal Occupation Princ
Residential Street Address City Broad Brook State City Groundation manager Name of Employer Farmington Bank Community Foundation State City Groundation manager State City Groundation St
Principal Occupation Foundation manager Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? No If contributor a lobbyist switch: State Cash Payroll Deduction Money Order O6/26/2023 State CT O6019-2718 Money Order O6/26/2023 State CT O6019-2718 State CT O6019-2718 State CT O6019-2718 O6/26/2023 State CT O6019-2718 State CT O6019-2718 O6/26/26/2023 State CT O6019-2718 O6/26/26/2023 State CT O6019-2718 O6/26/26/2023 O6/26/26/2023 O6/26/26/2023 O6/26/26/26/26/26/26/26/26/26/26/26/26/26
Principal Occupation Foundation manager Yes
Foundation manager Farmington Bank Community Foundation
State Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Name of Employer Plaza del Mercado Name of Employer Plaza del Mercado Store Owner Stor
Second Section L1? Second Section L1? Second
Method of contribution:
Flores Residential Street Address 17 Hayrake Dr Principal Occupation Store owner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Ramon City Wethersfield Name of Employer Plaza del Mercado Name of Employer Plaza del Mercado Amount of Contribution a contract with said municipality valued at more than \$5,000? Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Residential Street Address 17 Hayrake Dr Principal Occupation Store owner If contributor a lobbyist, spouse, or dependent child of a lobbyist? If contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Ves
17 Hayrake Dr Principal Occupation Store owner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Wethersfield Name of Employer Plaza del Mercado Plaza del Mercado Amount of Contribution a contract with said municipality valued at more than \$5,000? Yes VNo Plaza del Mercado Yes VNo Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Principal Occupation Store owner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes If contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Store owner Store owner
dependent child of a lobbyist? Inunicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative
event reported in Section L1? If yes, list Event # If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$50
If yes, list Event # Contract is with: Executive Legislative
Method of contribution: Date Received Aggregate contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/26/2023 \$500,00
Last Name First M.
Fenn Matthew
Residential Street Address City State Zip Code OCT OCCUPS 1055
153 Town Line Hwy Watertown CT 06795-1253
Principal Occupation President of CMD Group Inc Name of Employer CMD Group Inc
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Vo
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? [Yes] Is contributor a principal of a state contractor or prospective state contractor? [Yes] [Yes] [Yes]
If yes, list Event #
Method of contribution: Cash Personal Check Chedit/Debit Card Payroll Deduction Money Order Date Received 06/26/2023 \$1,000.00

\$1,600.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Film	ig Reposito	ory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this Po (See instructions for definition of Small Contributor)	eriod ON		rbtotal Section A				\$0.00
B. Itemized Con	ntributio	ns froi	n Individuals				
Last Name	· [First					M.I.
DeFazio		Miche	lle				
Residential Street Address	City				State	Zip Code	
120 Indian Hill Rd	Collinsvill	le			CT	06019-3	623
Principal Occupation Retired	1	Name of Retired	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business he				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		r prospec	tive state contractor	∐ 1es ✓ No		\$	00.000,1
Method of contribution:	Money Order	1	Pate Received 6/28/2023	Aggregate contributions \$1,000.00			
Last Name	Ī	First					M.I.
Edirveerasingam		Veror	ica				
*****	City	.,			State	Zip Code	
-to i flackamore way	Carson C				ΝV	89701-6	302
Principal Occupation Lab manager	- 1		_{Employer} f Nevada Rend)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more that	r business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch or branches of government the contract is with:	contractor or		tive state contractor	∐ res ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ M	Money Order		Date Received 06/28/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Crumbie		Breno	len				Х
	City West Ha	rtford			State CT	Zip Code 06117-2	922
Principal Occupation Administrative		Name of Studer	Employer It				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business he				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	71	r prospec	tive state contractor	∐ 1es		\$	1,000.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction 1	Money Order		Date Received 06/29/2023	Aggregate contributions \$1,000.00			

\$2,050.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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A. Total Contributions from Small Contributors - Received this Period ONLY Subtatal Section A Subtatal Section A	NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Subtractions for definition of Small Contributors Subtract Section	Arunan for Hartford						July 10 filing			
East Name First Described on Security 2000 Personal Check Person	A. Total Contributions from S	small Co	ntributors - Received this	Period O	NLY			••••		
Mary Downless	(See instructions for definition of S	inall Cont	ributor)			Subtotal Section A				\$0.00
Dornelly Dorek Sufficient Steet Address Sufficient Suffici			B. Itemized C	ontributi	ons f	rom Individuals				
Reidential Street Address Super Superior	Last Name				First					M.I.
Sufficient Suf	Donnelly				Det	rek				
Name of Employer State Secontify the contribution associated with any acountant with said mustically stage to the contribution associated with any acountant with said mustically stage to the contribution associated with any acountant with said mustically stage to the contribution associated with any acountant with said mustically stage to the contribution associated with any acountant with said mustically stage and must the stage of personant contributions associated with any acountant with said mustically stage and must the stage of personant contributions associated with any acountant with said must be staged to the stage of the contribution associated with any acountant with said must be staged to the contract is with. Section L17	Residential Street Address							State		<u> </u>
Altorney Blackburn & Donnelly, LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyyist? No	988 Russell Ave			Suffield				CT	06078-1	031
Amount of Contribution associated with an expendent of a lobbyist? No It is not contribution associated with an expense show a municipality does contribution or principal of a state contractor or prospective state contractor Yes No If contribution a principal of a state contractor If yes, institute If yes, in						•	LLC			
## Secontribution associated with an event reported in Section L17 Jes. Method of Contribution: City Contribution associated with an event reported in Section L17 Jes. Mis. Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Magnegate contributions Edward			municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ribution
Method of contribution:	event reported in Section L1?	_	If yes, indicate which branch o	r _		_	∐ tes ✓No			\$250.00
Residential Street Address 184 Crestwood Drive 184 Drive 184 Crestwood Drive 184 Drive	Method of contribution;	Credit/Debi				Date Received	Aggregate contributions	_		
Residential Street Address 184 Crestwood Drive 184 Crestwood Dr Residential Street Address City Guilford Name of Employer Whittlesety PC	Last Name				First					M.I.
184 Crestwood Drive 184 Crestwood Dr Guilford Guilford Guilford Principal Occupation CPA Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said nunicipality valued at more than \$5,000? Yes No	Engberg				Edv	ward				E
Principal Occupation CPA Name of Employer Whittlesey PC									1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? If yes, list Event # Method of contribution:		estwood l	Or	Guilford	·			СТ	06437	
State City Hartford Contribution Street Address 1324 Asylum Ave State Management										
## Secontribution is contribution associated with an event reported in Section L1? Yes, indicate which branch or branches of government the contract is with: Yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions Secontributions			municipality does contributor	or business l		s associated with have	a contract with said	Amoun	ıt of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/29/2023 \$200.00 Last Name Davey First Davey State Zip Code CT 06/105-6001 Principal Occupation Asset Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes list Event # Contract is with: Executive Date Received Aggregate contributions 06/29/2023 \$200.00 MI. Date Received Aggregate contributions 06/29/2023 \$200.00 MI. City Hartford City Hartford CT 06/105-6001 Name of Employer Laz Investments Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$3,000? Yes No Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of contributions Date Received Aggregate contributions			If yes, indicate which branch or		or pros	pective state contractor	res			\$200.00
Cash		✓ No		Ex	ecutiv		ative	=		
Davey Residential Street Address 1324 Asylum Ave City Hartford Name of Employer Laz Investments Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received Asgregate contributions State Zip Code CT 06105-6001 Amount of Contribution State CTP 06105-6001		Credit/Debi	t Card Payroll Deduction	Money Ord	er	1				
Residential Street Address 1324 Asylum Ave Principal Occupation Asset Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: City	Last Name				Firs					M.I.
Hartford CT 06105-6001 Principal Occupation Asset Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Method of contribution: Hartford CT 06105-6001 Name of Employer Laz Investments Laz Investments Laz Investments Amount of Contribution Amount of Contribution Yes If contribution a contract with said municipality valued at more than \$5,000? Yes No Yes If contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate contributions Amount of Contribution \$200.00 \$200.00 \$200.00 \$200.00 Security CT O6105-6001 Amount of Contribution Amount of Contribution Security Security Security One Security One One One One One One One Security One One One One	Davey				Jar	<u></u>				
Principal Occupation Asset Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Name of Employer Laz Investments				1	J				1 '	2004
Asset Management Laz Investments Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Laz Investments Laz Investments Amount of Contribution with said municipality valued at more than \$5,000? Yes If contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes If yes, indicate which branch or branches of government the contract or prospective state contractor? Yes Yes You Amount of Contribution Securive Contribution Date Received Aggregate contributions				пашоп		of E-staver		CI	06105-6	
dependent child of a lobbyist? No										
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Yes \$200.00			municipality does contributor	or business		is associated with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution: Date Received Aggregate contributions Date Received Aggregate contributions Date Received Aggregate contributions Date Received Date	event reported in Section L1?	_	If yes, indicate which branch o	r	•		∐ xes ✓No			\$200.00
				∐Ex	ecutiv		ative	1		
		Credit/Debi	t Card Payroll Deduction	Money Ord	er					

\$650,00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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	ie as Registered with Fil	ıng Keposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Contribu	tors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name	************		First	i				M.I.
Corbitt			Cui	rtis				
Residential Street Address		City				State	Zip Code	-
243 Lake St		Vernon				CT	06066-6	320
Principal Occupation			ı	of Employer	-			
project manager			ACC	RE Builders, LLC	;			
dependent child of a lobbyist? mu	contribution is in excess of sometimes of some contributor inicipality valued at more the	or business l				Amoun	t of Cont	ribution
	tributor a principal of a state	e contractor	or pros	pective state contractor	? Yes			#000 00
If we list Event # VNo brane	s, indicate which branch or ches of government the ract is with:	_	ecutiv	e Legisla	☑ V No			\$900.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 06/30/2023	Aggregate contributions \$1,000.00			
Last Name			First			1		M.I.
Frenette Granfield			Ha	nnah				
Residential Street Address		City				State	Zip Code	<u>'</u>
97 Westerly Ter		Hartford	ı			CT	06105-1	1116
Principal Occupation Director of Strategic Engagement			Į.	of Employer Govenor's Preve	ntion Partnership			
dependent child of a lobbyist?	contribution is in excess of s micipality does contributor micipality valued at more th	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	tributor a principal of a state s, indicate which branch or		or pros	spective state contractor	L i es			\$500.00
If yes, list Event # conti	ches of government the ract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	ег	Date Received 06/30/2023	Aggregate contributions \$500.00			
Last Name			Firs	t				M.I.
Doeg			Do	nald				W
Residential Street Address 41 Basswood St		City Hartford	1			State CT	Zip Code 06111-3	3802
Principal Occupation Attorney			ı	of Employer ike Kelly & Spella	cy, PC			
dependent child of a lobbyist? [7]No. mu	contribution is in excess of s micipality does contributor micipality valued at more th	or business 1				Amoun	t of Cont	ribution
event reported in Section L1?	tributor a principal of a state s, indicate which branch or		ог ргоз	spective state contractor	res			\$250.00
If yes, list Event # conti	ches of government the ract is with:	□Ex-	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card	Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$250.00			

\$1,650.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Last Name First Mary Brennan State Address Cary Vest Contribution a solecited with an excess of \$400 to a candidate committee for a chief executive with said municipality valued at a more than \$5,000? Yes Vest Ves	NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Reposi	itory)		TYPE OF REPORT	V. S. (18)		
See instructions for definition of Small Contributions Small C	Arunan for Hartford		-		July 10 filing			
Last Name First Mary Brennan State Address Cliv West Hartford Coursely Coursely Coursely Cliv Coursely Cliv Coursely Cliv Coursely Coursely Coursely Coursely Cliv Coursely Co	A. Total Contributions from Small Contributors - Receive	d this Period O	NLY		3			
Earl Name First Mary Brennan	(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
Residental Street Address 21 Wallbridge Rd Principal Occupation PR Consultant Principal Occupation In this contribution associated with an approach of dependent child of a lobbyist, spouse, or dependent or principal of a state contract or or business brokhe is associated with have a contract with and approach of a lobbyist. President Principal Occupation President Street Address Principal Occupation Principal Occupation Principal Occupation President Street Address Principal Occupation	B. Item	ized Contributi	ons fi	om Individuals				
Residential Street Address 21 Wast Indigent Rd Principal Occupation PR Consultant Name of Employer Coursey & Company Some of Employer Coursey & Coursey & Company Some of Employer Coursey & Course &	Last Name		First					M.I.
21 Walbridge Rd	Coursey		Mar	y Brennan				
Name of Employer Coursely & Company	Residential Street Address	City				State	Zip Code	
Ex contribution a tobbysis, spouse, or dependent child of a lobbysis? Yes dependent child of a lobbysis. Yes depende	21 Walbridge Rd	West H	artford	d		CT	06119-1	1344
Amount of Contribution State			I					
State Stat	dependent child of a lobbyist? municipality does con	itributor or business l		s associated with have	a contract with said	Amour	nt of Cont	ribution
Cash	event reported in Section L1? If yes, indicate which It branches of governmen	oranch or		_	∐ Tes ✓ No			\$100.00
Somaries Somaries Somaries Somaries State Zip Code CT Office CT Of		ction Money Ord	er					
Residential Street Address 24 Patricia Dr Principal Occupation Office manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? No Is this contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? No Is this contribution No Is this contribution No Is this contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contributor a spouse tive state contractor? No Is this contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contributor a spouse tive state contractor? No Is this contributor a spouse tive state contractor? No Is this contributor a spouse tive state contractor? No Is this contributor a spouse tive state contractor? No Is this contributor a spouse tive state contractor? No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contributor a spouse tive state contractor? No Is contributor a spouse tive state contractor? No Is contributor a spouse tive state contractor? No Is contributor a spouse tive state contract or prospective state contractor? No Is contributor a spouse tive state contract or prospective state contract o	Last Name		First			I		M,I.
24 Patricia Dr Principal Occupation Office manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event are ported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Direction Office whether Address B7 Meadowgate St Principal Occupation Office or a chief executive officer of a municipality valued at more than \$5,000? Payroll Deduction Money Order Date Received O6/30/2023 Piricipal Occupation Retired State City Wethersfield Name of Employer Por. Ronald Bucari Payroll Deduction Money Order Date Received O6/30/2023 State CT Veta Veta Veta Veta Veta Veta Veta Veta	Diaz		Sor	naries				
Principal Occupation Office manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a sociated with an event reported in Section L1? West personal Check of Credit/Debit Card	Residential Street Address	1 '				t	1 '	,
Scontributor a lobbyist, spowse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes Ye		East Ha				СТ	06118-2	2062
dependent child of a lobbyist?	· · · · · · · · · · · · · · · · · · ·		ı					
Second transported in Section L1? Yes	dependent child of a lobbyist? municipality does con	ntributor or business		s associated with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/30/2023 \$250.00 Last Name DiRoberts Residential Street Address 87 Meadowgate St Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes event reported in Section L1? Payroll Deduction Money Order Date Received 06/30/2023 \$250.00 M.L. State Zip Code CT 06109-3739 Principal Occupation Retired Amount of Contribution of the contribution o	event reported in Section L1? If yes, indicate which to branches of governmen	branch or			∐ Tes √No			\$250.00
DiRoberts Residential Street Address Residential Street Address 87 Meadowgate St Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes event reported in Section L1? Yes If contributor a principal of a state contractor or prospective state contractor? Yes \$25.	Method of contribution:			Date Received	Aggregate contributions			
Residential Street Address 87 Meadowgate St Wethersfield Vethersfield Vethersfield Vethersfield Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes \$25.			1					M.I.
87 Meadowgate St Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Wethersfield Name of Employer Retired Name of Employer Retired Amount of Contribution of a contribution of a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes \$25.		Lav	Jan	ice			I	
Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is contribution associated with an event reported in Section L1? If yes, indicate which branch or section 1.		1 '	sfield			9	1 '	3739
dependent child of a lobbyist? In municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or \$25.	Principal Occupation		1					
event reported in Section L1?	dependent child of a lobbyist? municipality does cor	ntributor or business	he/she i	s associated with have	a contract with said	Amoui	nt of Cont	ribution
	event reported in Section L1?		or pros	pective state contracto	∐ i es			\$25.00
If yes, list Event #	If you list Frank it V No branches of government	nt the	ecutive	eLegisl	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Money Order Date Received Aggregate contributions \$25.00		ction Money Ord	ler					

SUBTOTAL Section B - This Page	\$375.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fi	om Individuals				
Last Name			First					M.I.
Director			Too	ld				
Residential Street Address		City			· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
70 Court St		Cromwe	ell .			CT	06416-1	621
Principal Occupation President				of Employer lighting Centers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r _			∐ res ✓ No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check Credit/Deb	contract is with:	Money Orda	ecutive er	Date Received 04/01/2023	Aggregate contributions \$500,00			
Last Name			First					M.I.
Delmaestro			Da	niel				
Residential Street Address		City				State	Zip Code	
115 Scarborough St		Hartford				СТ	06105-1	108
Principal Occupation Consultant			Name Ditel	of Employer (
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or pros	•	∐ 1es		\$	1,000.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative	<u> </u>		
Method of contribution: ☐ Cash	it Card Payroll Deduction	Money Ord	er	Date Received 06/20/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Garro			Ant	hony				
Residential Street Address 10 Salem St		City Westerl	у			State RI	Zip Code 02891-2	2517
Principal Occupation Engineer			BET	of Employer A Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contracto	i es			\$250.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv		·			
Method of contribution: ☐ Cash Personal Check ☐ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$1,750.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Last Name D'Alesio First Joseph	NAME OF COMMITTEE (Provide Complete Name as Registered with File	ing Reposi	tory)		TYPE OF REPORT			
Signature Sign	Arunan for Hartford				July 10 filing			
Last Name D'Alesio First Joseph	A. Total Contributions from Small Contributors - Received this I	Period O	NLY					
Pire Joseph Pire	See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
Particular Comparison City Norton Norton Man of Employer BETA Group	B. Itemized Co	ontributi	ons fi	om Individuals				
Residential Street Address 4 Village Way, Apt A Norton Norton BETA Group It contributor a fobbyist, apouse, or dependent child of a lobbyist?	Last Name		First					M.I.
4 Village Way, Apt A Principal Occupation Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or lock is spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or lock is spouse, or	D'Alesio		Jose	eph				
Name of Employer Principal Corpusation Principal	Residential Street Address					State	Zip Code	•
Engineer Secuntification Secundary Secuntification Secuntification Secundary Secuntification Secundary Secuntification Secundary Secuntification Secundary Secunda		Norton				MA	02766-2	2057
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			1					
municipality does contributor or business he/she is associated with have a contract vith said municipality valued at more than \$5,000?			BEI	4 Group				
## Second to be a sec	dependent child of a lobbyist?	or business h		s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contributions Legislative Legi	event reported in Section L1? If yes, indicate which branch or		or prosp	pective state contractor	res		•	\$250.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O6/29/2023 \$250.00	If yes list Event #	Exe	ecutive	eLegisla	ttive			
Dupont Residential Street Address 23 Quail Holw Principal Occupation Business Manager If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event of in Section L1? If yes, indicate which branch or branches of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Mane of Employer CashmanKatz State Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions		Money Orde	er					1
Residential Street Address 23 Quail Holw Principal Occupation Business Manager Name of Employer CashmanKatz	Last Name		First					M.I.
23 Quail Holw Principal Occupation Business Manager Name of Employer CashmanKatz State Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$\$5,000?	Dupont		Lon	raine				
Principal Occupation Business Manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contributor a principal of a state contractor or prospective state contra	Residential Street Address		·				Zip Code	·
Business Manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: CashmanKatz Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? If yes, list contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received O6/29/2023 \$500.00 Date Received O6/29/2023 \$500.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Pirst State Zip Code CT O6032-3544 Date Residential Street Address O5 O5 O5 O5 O5 O5 O5	\$	Enfield				CT	06082-	3134
dependent child of a lobbyist? Image: Contribution of a lobbyist? Image: Contrib			1					
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/29/2023 \$500.00 Last Name DeJuan First Jose M.I. DeJuan Residential Street Address 10 Talcott Forest Rd, Apt D Principal Occupation Name of Employer	dependent child of a lobbyist? municipality does contributor of	or business h		s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Ord Last Name DeJuan Residential Street Address 10 Talcott Forest Rd, Apt D Principal Occupation Date Received 06/29/2023 \$500.00 First Jose M.I. Does Money Ord First Jose City Farmington Name of Employer	event reported in Section L1? Yes If yes, indicate which branch or		or pros	pective state contractor	i es			\$500.00
Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order 06/29/2023 \$500.00 Last Name First M.I. DeJuan Residential Street Address City State Zip Code To Talcott Forest Rd, Apt D Farmington CT 06/29/2023 Principal Occupation Name of Employer	If you list Event #	□Exe	ecutive	e	itive VINO			
DeJuan Jose Residential Street Address City State 2ip Code 10 Talcott Forest Rd, Apt D Farmington CT 06032-3544 Principal Occupation Name of Employer		Money Orde	er	I				
Residential Street Address City State Zip Code 10 Talcott Forest Rd, Apt D Farmington CT 06032-3544 Principal Occupation Name of Employer	Last Name		First					M.I.
10 Talcott Forest Rd, Apt D Farmington CT 06032-3544 Principal Occupation Name of Employer	DeJuan		Jos	e				
			gton				1 '	3544
Realtor	Principal Occupation Realtor		Name Self	of Employer			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	dependent child of a lobbyist? municipality does contributor of	or business I		s associated with have	a contract with said	Amoun	ıt of Cont	ribution
	event reported in Section L1? If yes, indicate which branch or		or pros	pective state contractor	∐ Yes			\$100.00
If yes, list Event # Dranches of government the contract is with: Executive Legislative	If yes, list Event # contract is with:	Exe	ecutive		itive	:		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/07/2023 S100.00		Money Orde	er					

\$850.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide	Complete	e Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT			
Arunan for Hartford	<u> </u>						July 10 filing		10, 11, 11, 11, 11, 11, 11, 11, 11, 11,	
A. Total Contributions from Sm	iall Cont	tributors - Received this	Period O	NLY		30 15 15 1 14 30 3 2 3 3 3				
(See instructions for definition of Sma	all Contri	butor)			Subtotal Sec	ction A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individ	luals				
Last Name				First						M.I.
Ives				Ricl	nard					A
Residential Street Address			City	-				State	Zip Code	L
389 Pomfret Rd			Brookly	n				CT	06234-	1523
Principal Occupation				ł	of Employer					
Retired				Retir	ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business I					Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r				∐ res ✓ No			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check Creek	edit/Debit (contract is with: Card Payroll Deduction	Money Ord	ecutivo er	Date Receive 06/27/202		Aggregate contributions \$50.00			
Last Name			- -	First	***************************************			<u> </u>		M.I.
Gruber				Ricl	hard					ا ا
Residential Street Address			City	<u> </u>				State	Zip Code	<u> </u>
29 Tremont St			Hartford	ł				CT	06105-0	3070
Principal Occupation Retired				Name Retir	of Employer ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of a municipality does contributor municipality valued at more the	or business l					Amour	t of Cont	ribution
event reported in Section L1?	11es	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state co	ntractor	v res			\$50.00
If yes, list Event #	∑No	branches of government the contract is with:	Ex-	ecutive		Legisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit (Card Payroll Deduction	Money Ord	er	Date Receive 06/28/202		Aggregate contributions \$250.00			
Last Name				First						M.I.
Kozak				Dav	⁄id					J
Residential Street Address			City					State	Zip Code	
31 Hunters Rdg			Rocky I					CT	06067-	1742
Principal Occupation Government Relations					of Employer ık & Salina,	LLC				
dangedant shild of a labbuist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l			th have		Amour	nt of Cont	ribution
event reported in Section 121?	Yes No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	•			∐ Yes ✓ No			\$250.00
If yes, list Event #		contract is with:	☐Ex	ecutive		Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Cre	edit/Debit (Card Payroll Deduction	Money Ord	er	Date Receive 06/29/202		Aggregate contributions \$750.00		70. s. s. s. s.	

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Reviser	Llanuary	2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with File	ıng keposit	tory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this I See instructions for definition of Small Contributor)	Period Ol		Subtotal Section A				\$0.00
B. Itemized Co	ontributio	ons fr	om Individuals				
Last Name		First					M.I.
Gruber		Sara	ah			1	
Residential Street Address	City	·			State	Zip Code	
88 Homestead Dr	South G				CT	06073-2	2804
Principal Occupation Lawyer		Name of DOJ	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$500.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ег	Date Received 05/07/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Ghalmi		Ada	m				
Residential Street Address	City				State	Zip Code	'
333 Greene Ave	Brooklyı	n			NY	11238-2	2295
Principal Occupation Attorney		Name (KCD)	of Employer A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 5 municipality does contributor municipality valued at more the	or business h				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state If yes, indicate which branch of branches of government the	r _			∐ Tes ✓ No			\$150.00
## ## ## ## ## ## ## ## ## ## ## ## ##	Money Orde	ecutive	Date Received 05/17/2023	Aggregate contributions \$150.00			
Last Name	1	First		J \$100.00	1		M.I.
Krause			anda				J
Residential Street Address 1823 E St NE	City Washin	gton			State DC	Zip Code 20002-	4601
Principal Occupation Attorney	,		of Employer sumer financial p	rotection bureau			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a stat If yes, indicate which branch of branches of government the		or pros	pective state contracto	or? Yes ✓ No			\$25.00
If yes, list Event # contract is with:	Ex	ecutive		lative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 05/30/2023	Aggregate contributions \$125.00)		

\$675.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Arunan for Hartford				July 10 filing				
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY				•	
(See instructions for definition of Small Co	ntributor)			Subtotal Section A				\$0.00
	B. Itemized C	Contributi	ons f	rom Individuals				
Last Name First								M.I.
Gomes Anisha								
Residential Street Address		City				State	Zip Code	1
818 N Chester Ave		Pasade	na	·		CA	91104-2	2920
Principal Occupation Consultant			į.	e of Employer ALLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indicate which branch o branches of government the	r	or pros	_	☑ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De	contract is with:			Date Received 06/29/2023	Aggregate contributions \$50.00			
Last Name	V		Firs	t				M,I,
Krall			De	nise				Α
Residential Street Address		City				State	Zip Code	77700
221 W 29th St, # 15C		New Yo				NY	10001-	5580
Principal Occupation Attorney			•	e of Employer chtel Missry LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	aveniainatity daga aantributar	or business				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes Y No	If yes, indicate which branch of branches of government the	or	or pro		∐ Tes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Do	contract is with:	Money Ord		Date Received 05/30/2023	Aggregate contributions \$100.00			
Last Name			Firs	st				M.I.
Karunananthan			Jo	hn				D
Residential Street Address		City Arcadia	1			State CA	Zip Code 91006-	1510
2046 Highland Oaks Dr Principal Occupation		Alcaula		e of Employer		Un	1 0 1000-	1010
Engineer			Sup	plyframe Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	r or business	he/she			Amoui	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch of		or pro	spective state contractor				\$200.00
If yes, list Event #	branches of government the contract is with:		cecuti					
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/D	ebit Card Payroll Deduction	Money Ore	ler	Date Received 06/30/2023	Aggregate contributions \$200.00	1		

\$350.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	ide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing				
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Jordan				Lau	ıra				J
Residential Street Address			City	<u></u>			State	Zip Code	-
43 Girard Ave			Hartford	i			CT	06105-2	2230
Principal Occupation					of Employer				
Government affairs				Stan	nford Health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Conti	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes]		\$200.00
event reported in Section L1?	 ✓ No	If yes, indicate which branch of branches of government the				 ✓ No			φ200.00
If yes, list Event #	<u>.</u>	contract is with:	L_Ex	ecutiv	c Legisla	ative]		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/26/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
King				Doi	nna				<u> </u>
Residential Street Address	***************************************		City				State	Zip Code	
71 Aiken St, Apt Q16			Norwali	<u> </u>			СТ	06851-2	2144
Principal Occupation Retired				Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes	1		ቀ ደለ ለበ
event reported in Section L1? If yes, list Event #	✓ No	If yes, indicate which branch or branches of government the contract is with:	—	ecutiv	e Legisla	✓ No			\$50.00
Method of contribution:					Date Received	Aggregate contributions			
Cash Personal Check 🗸	Credit/Debi	t Card Payrolf Deduction	Money Ord	er	06/25/2023	\$250.00			
Last Name				First	1				M.I.
Hammond			_	Les	slie				N
Residential Street Address			City				State	Zip Code	
1 Linden Pl			Hartford	,			CT	06106-1	1748
Principal Occupation Broker / owner				Į.	of Employer Imond Realty IIc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:		ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/01/2023	Aggregate contributions \$200.00	}		•

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF SOAD APPROXICATION	CONTRACT	Signal state distribution in the state of th	y. May ay account	Programme	erstrict statebesser (Fish With the triving)	THE OF SERVE	ggggggggga a sanat a	Septimate September 1	e da assista reservad
NAME OF COMMITTEE (Provide Co	mplete	wame as Kegistered with Fi	ung Keposi	nory)		TYPE OF REPORT			
Arunan for Hartford		· · · · · · · · · · · · · · · · · · ·				July 10 filing			
A. Total Contributions from Small (See instructions for definition of Small)			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Hammond				Les	slie				l _N
Residential Street Address			City	<u> </u>			State	Zip Code	
1 Linden Pl			Hartford	i			СТ	06106-	1748
Principal Occupation Broker / owner					of Employer mond Realty IIc		***************************************		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	es	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or pros		res ✓No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	Debit C		Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$200.00			
Last Name				First		-	<u> </u>		M.I.
Griffin				Nic	ole				
Residential Street Address			City				State	Zip Code	-
325 Tucker Hill Rd			Middleb		······································		СТ	06762-2	2430
Principal Occupation Lobbyist				1	of Employer ers, Griffin & Hill,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	es	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r 👝	-		∐ Yes ✓ No			\$200.00
Method of contribution:		contract is with:	Пех	ecutiv	e Legisl		-		
Cash Personal Check Credity	Debit C	ard Payroll Deduction	Money Ord	er	06/26/2023	Aggregate contributions \$200.00			
Last Name				First		, , , , , , , , , , , , , , , , , , , ,			M.I.
George				Erio					J
Residential Street Address			City				State	Zip Code	
52 Gregory Hill Dr	·- ·		Glaston				CT	06033-2	2507
Principal Occupation President				IAC	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more th	or business I				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	es	Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or							\$150.00
If yes, list Event #	٠ ١	branches of government the contract is with:	Ex	ecutiv	eLegisl	ative V			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	Debit C		Money Ord	ег	Date Received 06/26/2023	Aggregate contributions \$400.00	-		

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Com	tributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Gionfriddo			Ros	SS				
Residential Street Address		City				State	Zip Code	
122 Pine Knob Dr		South V	Vinds	or		CT	06074-2	2340
Principal Occupation				of Employer				
Government affairs			Focu	is government af	fairs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	г	or pros ecutiv		∐ res ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	contract is with:	Money Ord		Date Received 06/13/2023	Aggregate contributions \$100.00			
Last Name			First			l		M.I.
Jacobson			Jor	athan				
Residential Street Address	-	City	<u> </u>		···	State	Zip Code	ļ
180 Glenbrook Rd, Apt 30		Stamfo	rd			CT	06902-3	3026
Principal Occupation Attorney			ı	of Employer in & Jacobson, Ll	_C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	i i es			\$100.00
If yes, list Event #	branches of government the contract is with:		ecutiv	eLegisl	√ No ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 05/23/2023	Aggregate contributions \$100.00			
Last Name			Firs	ı				M.I.
Harrigan			An	ne				М
Residential Street Address 720 Ward Ln		City Cheshi	re.			State CT	Zip Code 06410-3	3359
Principal Occupation		011001111		of Employer		<u> </u>	100110	
Adjunct Faculty			Quir	nnipiac University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	spective state contractor	☐ res			\$100.00
If yes, list Event #	branches of government the contract is with:	∐Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 06/01/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford	July 10 filing						
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		First					M.I.
Hyde		Tor	nmy				
Residential Street Address	City				State	Zip Code	
140 South Rd	Farming	gton			CT	06032-2	2552
Principal Occupation Economic development		Name NVF	of Employer IDC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the expression of the section of the section of the section is sufficient.	r	or pros	_	☑ Tes ✓ No			\$200.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 05/23/2023	Aggregate contributions \$200.00			
Last Name		Firs	t .				M.I.
Kadaba		Sri	dhar				G
Residential Street Address	City				State	Zip Code	
296 Grandview Dr	Glaston	·			CT	06033-3	3946
Principal Occupation Management Consultant		1	of Employer rstell lic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific property of the second secon	or business	ndidate he/she	committee for a chief or is associated with have Yes	executive officer of a a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch of the branches of government the contract is with:	or	or pros		✓ No			\$100.00
Method of contribution: Cash Personal Check CCredit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 05/24/2023	Aggregate contributions \$125.00			
Last Name		Firs					M.I.
Lautenberg		Elle	en		1 _	T	<u> </u>
Residential Street Address 10 Woody Ln	City Westpo	ort			State CT	Zip Code 06880-2	2259
Principal Occupation Retired		Reti					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business	he/she			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sta		or pro	spective state contractor	□16			\$250.00
If yes, list Event # branches of government the contract is with:	Ех	ecutiv			-		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ier	Date Received 06/02/2023	Aggregate contributions \$250.00	E		

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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			TYPE OF REPORT				
Arunan for Hartford	July 10 filing						
A. Total Contributions from Small Contributors - Received th	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contribut	ions f	rom Individuals				V SEE
Last Name		Firs	t				M.I.
Knickerbocker		Jef	frey				
Residential Street Address	City			1111	State	Zip Code	
8 Brockett Rd	Walling				CT	06492-5	630
Principal Occupation Attorney		Moh	of Employer ugh				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/shc is associated with have a contract with said municipality valued at more than \$5,000? Yes No					Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or pros	spective state contractor	ies			\$50.00
If yes, list Event # No branches of government the contract is with:	Ex	ecutiv	e Legisl	∡ No ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 05/24/2023	Aggregate contributions \$50.00			
Last Name		Firs	f		1		M.I.
Igneri		Joh	nn				Е
Residential Street Address	City				State	Zip Code	
9 Ridgewood Rd	Norwalk				СТ	06853-1	1224
Principal Occupation Retired		Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess a municipality does contribut municipality valued at more	tor or business	he/she			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a section L1? If yes, indicate which branch		or pros	spective state contractor	res			\$50.00
If yes, list Event # Vo branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: Date Received Aggregate contributions Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 06/21/2023 \$50.00							
Last Name		Firs	l				M.I.
Hillson		Bet	th				J
Residential Street Address	City				State	Zip Code	
283 Imperial Drive 283 Imperial Dr	Glastor		637 1		CT	06033	
Principal Occupation Writer/editor		self	of Employer				
dependent child of a lobbyist? municipality does contribut	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				Amour	t of Cont	ribution
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or						\$25.00
If yes, list Event #	Ex	ecutiv	e Legisl	✓ No ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 05/25/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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- 0			

NAME OF COMMITTEE (Providence)	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from S	mall Co	atributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section	A			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
LeMaster				Sar	a				к
Residential Street Address			City				State	Zip Code	·
98 Dudley Town Road 98 Dud	lley Tow	n Rd	Windso				СТ	06095	-
Principal Occupation Director of Government Relat	ions			I	of Employer Imunity Health C	enter Association of	Connect	ticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch o branches of government the	r	•	_	∐ res ✓ No			\$25.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debit	contract is with: Card Payroll Deduction		ecutiv	Date Received 06/27/2023	Aggregate contributions \$25.00			
Last Name	<u></u> ,			First		10.2011112			M.I.
Malley				Bor	nnie				J
Residential Street Address			City		***		State	Zip Code	<u> </u>
7 Bronisz Dr			Ellingto			<u></u>	СТ	06029-0	3799
Principal Occupation CFO				I .	of Employer ford Foundation	for Public Giving			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	∏Yes ✓No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			∐ res ☑No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutiv		lative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Ord		Date Received 06/27/2023	Aggregate contributions \$650.00			
Last Name				First	İ.				M.I.
Gomez				Vic	tor				M
Residential Street Address			City Hartfore	-1			State	Zip Code 06106-4	1010
134 Forster St Principal Occupation			Tianion	,	of Employer		<u> </u>	1 00106-2	+C13
Retired				Reti					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch o branches of government the	r	-		∐ Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutiv		lative	1		
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	ler	Date Received 06/27/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$375.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Last Name	NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Substantian Substantian	Arunan for Hartford				-	July 10 filing			
Residential Street Address Graph State City City Contribution associated with an present before its section Presidential Street Address City Contribution City			Period O		Subtotal Section A				\$0.00
Residential Street Address 109 E Chestrut Hill 109 East Rd 108		B. Itemized C	ontributi	ons fr	om Individuals				
Residential Street Address City If contribution Manney Order Date Received Aggregate contributions State City C	Last Name	***************************************		First					M.I.
Litchfield Litchfield Litchfield CT 06759	Lupo			Jen	nine				Α
Name of Employer US House of Representatives Name of Employer US House of Representatives Name of Employer US House of Representatives Name of Employer US House of Representatives Name of Employer US House of Representatives Name of Employer US House of Representatives Name of Employer US House of Representatives Name of Employer US House of Representatives Name of Employer Ves V	Residential Street Address		City					1 '	
District Director Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business behave is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Security Secu	109 E Chestnut Hill 109 East Rd		Litchfiel	d			CT	06759	
dependent child of a lobbyist? No						entatives			
event reported in Section L1?	denondant skild of a labbrist?	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O5/16/2023 \$50.00	event reported in Section L1?	If yes, indicate which branch or branches of government the	r		<u></u>	∐ Tes ✓ No			\$50.00
Hughes Anne MResidential Street Address City Easton CT General Assembly State Zip Code CT O6612-1065 Principal Occupation Legislator Mame of Employer CT General Assembly	Method of contribution:				Date Received	Aggregate contributions			
Residential Street Address 67 North St Principal Occupation Legislator Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with anYes event reported in Section L1? If yes, list Event # Wethod of contribution: CashPersonal Check/Credit/Debit CardPayroll Deduction Money Order	Last Name			First					M.I.
Frincipal Occupation Legislator Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with hard a contract with said municipality valued at more than \$5,000? Yes	Hughes			Ann	ne				M
Principal Occupation Legislator Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event of contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event of sevent reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Residential Street Address 112 Westland Rd Principal Occupation State Representative Is contributor a principal of a state contractor or prospective state contractor? Yes If contribution a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received Aggregate contributions 05/03/2023 \$100.00 Last Name Kavros DeGraw Residential Street Address 112 Westland Rd Principal Occupation State Representative Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive office	Residential Street Address		t '						
Legislator CT General Assembly	67 North St		Easton				СТ	06612-1	1065
municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Voo Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name Kavros DeGraw Residential Street Address 12 Westland Rd Principal Occupation State Representative In unicipality valued at more than \$5,000? Yes Voo Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Date Received O5/03/2023 \$100.00 Aggregate contributions First Eleni Residential Street Address 12 Westland Rd Principal Occupation State Representative Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution.						/			
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 05/03/2023 \$100.00 Last Name Kavros DeGraw Residential Street Address 112 Westland Rd Principal Occupation State Representative If yes, indicate which branch or branch or branches of government the contract is with: Executive Legislative Date Received Aggregate contributions \$100.00 M.I. Eleni Name First Eleni City Avon Name of Employer State of Connecticut Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution.	dependent shild of a labbuist?	municipality does contributor	or business	he/she i	s associated with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution: Date Received 05/03/2023 Aggregate contributions \$100.00 Last Name First M.I. Kavros DeGraw Eleni State Zip Code Residential Street Address City State Zip Code 112 Westland Rd Avon CT 06001-2349 Principal Occupation Name of Employer State Representative State of Connecticut Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution. Amount of Contribution.	event reported in Section L1?	nt reported in Section L1? ## ## ## ## ## ## ## ## ## ## ## ## ##							\$100.00
Kavros DeGraw Residential Street Address 112 Westland Rd Principal Occupation State Representative State of Connecticut Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution.	Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb		Money Ord	ler					
Residential Street Address 112 Westland Rd Principal Occupation State Representative Name of Employer State of Connecticut	Last Name			First					M,I.
112 Westland Rd Avon CT 06001-2349 Principal Occupation State Representative State of Connecticut Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a	Kavros DeGraw			Ele	ni				
Principal Occupation State Representative Name of Employer State of Connecticut Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a	Residential Street Address						I	1 '	20.40
State Representative State of Connecticut Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Amount of Contribution.			Avon	1			GI	06001-	2349
dependent child of a lobbyist? No municipality valued at more than \$5,000? Yes VNo	donor-dont shild of a labburat?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i	s associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	event reported in Section L1?	If yes, indicate which branch of branches of government the	or			∐ 1es √No			\$200.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order Date Received O6/26/2023 \$850.00			Money Ord	der					

\$350.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Con (See instructions for definition of Small Cont.		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name	-		First					M.I.
Масу			Nar	тсу				В
Residential Street Address 1 Gold St, Apt 13E		City Hartford	i			State CT	Zip Code 06103-2	2907
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of municipality does contributor municipality valued at more th	or business I				Amoun	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? ### Yes ### Wood in the contribution of the contributi	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	г	or pros	_	∐ res ✓ No			\$200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	t Card Payrolf Deduction	Money Ord	er	Date Received 06/04/2023	Aggregate contributions \$700.00			
Last Name			First			l		M.I.
Heslin			Joh	n W				
Residential Street Address		City				State	Zip Code	
17 Gun Mill Rd 17 Gun Mill Rd		Bloomfi				СТ	06002	
Principal Occupation Insurance Agent			l .	of Employer tworth DeAngelis	s, Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$100.00		
Method of contribution: Cash Personal Check ✓ Credit/Debit		Money Ord	er	Date Received 06/01/2023	Aggregate contributions \$400.00			
Last Name			First			•		M.I.
Jakubowski			Jas	on				
Residential Street Address 33 Westminster Dr		City West H	artfor	d		State CT	Zip Code 06107-	3353
Principal Occupation CEO		•	1	of Employer necticut Foodsha	re			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r _	•	· 	r?			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check Credit/Debi	contract is with:	Money Ord	ecutiv	Date Received	ative Aggregate contributions			
	a long Demonding	January Old	nu t	06/28/2023	\$200.00	1		

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name a	s Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford			July 10 filing					
A. Total Contributions from Small Contributor	s - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Maclean			Dav	/id				D
Residential Street Address		City				State	Zip Code	!
166 Indian Hill Trl		Glaston	bury			CT	06033-1	1404
Principal Occupation Retired			Name Retir	of Employer ed				
dependent child of a lobbyist? Mo munici		or business l		committee for a chief e s associated with have a Yes		Amoun	t of Conti	ribution
event reported in Section L1? If yes, in branches If yes, in branches If yes ndicate which branch or s of government the	r	or pros	pective state contractor Legisla	∐ res ✓ No			\$200.00	
Method of contribution:	Payroll Deduction			Date Received 05/08/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Harris			Me	rle				
Residential Street Address		City	~~46~~			State	Zip Code	2400
1 King Philip Dr Principal Occupation	· · · · · · · · · · · · · · · · · · ·	West Ha		of Employer		CT	06117-2	2100
Retired			Reti	, ,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No					Amount of Contribution		ribution	
event reported in Section L1?	ndicate which branch o		or pros	pective state contractor	res			\$25.00
If yes, list Event #								
Method of contribution: ☐ Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 04/01/2023	Aggregate contributions \$25.00			
Last Name			First					M.I.
Greenberg Residential Street Address		City	Aaı	OH		B4-4-	7:- C-4-	<u> </u>
2734 Hollyridge Dr		Los Ang	geles			State CA	Zip Code 90068-3	3039
Principal Occupation Executive Director			Name	of Employer aries Without Bord	ders		<u> </u>	
dependent child of a lobbyist? Manual munici		or business l		committee for a chief es associated with have		Amoun	t of Cont	ribution
event reported in Section L1?	utor a principal of a stat ndicate which branch o		or pros	pective state contractor	res			\$180.00
	s of government the		ecutiv	eLegisla	✓ No ative			Live
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Ord	er	Date Received 05/22/2023	Aggregate contributions \$180.00			

SUBTOTAL Section B - This Page	\$405.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

SEEC FORM 20	
Revised January 2015	

I. MONETA

ARY RECEIPTS (Sections A.K)	Pag	ge 5'	7 o	f 1:	51
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NAME OF COMMITTEE (Provide Complete N	ame as Registered with Fili	ng Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Contril (See instructions for definition of Small Contribu		eriod O		Subtotal Section A				\$0.00
	B. Itemized Co	ntributio	ons fr	om Individuals				
Last Name			First					M.I.
Heede			Con	ırad				
Residential Street Address		City				State	Zip Code	1
58 Mirra Dr		Groton				CT	06340-4	445
Principal Occupation Hotel management				of Employer erford Hotel Group)			
dependent child of a lobbyist?	If contribution is in excess of \$- municipality does contributor o municipality valued at more tha	r business h				Amoun	t of Cont	ribution
event reported in Section L1? If we list Event # If If If If If If If	contributor a principal of a state fyes, indicate which branch or ranches of government the ontract is with;	contractor of			∐ res ✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card		Money Orde	er	Date Received 05/26/2023	Aggregate contributions \$25.00			
Last Name			First			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M.I.
Heimer			Win	1				
Residential Street Address		City				State	Zip Code	
799 Prospect Ave, Apt A2		West Ha				CT	06105-4	1249
Principal Occupation Retired			Name Retir	of Employer ed				
dependent child of a lobbyist?	If contribution is in excess of \$- municipality does contributor o municipality valued at more the	r business h				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or ranches of government the	contractor o	or prosi	pective state contractor?	Yes ✓ No			\$20.00
	ontract is with:	Exe	ecutive	e Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Care	d Payroll Deduction	Money Orde	er	Date Received 06/28/2023	Aggregate contributions \$20.00			
Last Name			First					M.I.
Massaro			Eliz	a				Р
Residential Street Address 91 Westland Rd		City Avon				State CT	Zip Code 06001-2	2364
Principal Occupation Consultant				of Employer Political			•	
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more tha	r business h				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or	contractor o	or prosi	pective state contractor	res			\$100.00
If yes, list Event#	ranches of government the ontract is with:	Exe	ecutive					
Method of contribution: Cash Personal Check Credit/Debit Card	d Payroli Deduction	Money Orde	er	Date Received 04/30/2023	Aggregate contributions \$100.00		···	

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing	· ·		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Cont	ributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M,I,
Julian			And	irew				
Residential Street Address		City	I			State	Zip Code	<u>'</u>
69 Turkey Roost Rd		Monroe				CT	06468-3	3127
Principal Occupation Real Estate			ı	of Employer n Enterprises, Inc	c.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	-	_	∐ 1es ✓ No		\$	1,000.00
### Method of contribution: Cash	contract is with: t Card Payroll Deduction		ecutiv	Date Received 04/06/2023	ative Aggregate contributions \$1,000.00			
Last Name			First				***	M.I.
Houlihan			Ch	arles				D
Residential Street Address		City				State	Zip Code	'
2 Somerset Ln		Simsbu	ry			СТ	06070-	1716
Principal Occupation lawyer			Name self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	_		∐ Tes ✓ No	***************************************		\$50.00
If yes, list Event #	contract is with:	Пех	ecutiv		······	_		
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Ord	.,	Date Received 06/29/2023	Aggregate contributions \$100.00			
Last Name Klaynberg			Firs Da	niel				M.I.
Residential Street Address 554 5th Ave. Fl 5		City New Yo	ork			State NY	Zip Code 10036-	5004
Principal Occupation General Contractor	·	1	1	of Employer	& Development Co	rn		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more than the contributor municipality valued at more than the contribution of the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of t	or business	ndidate he/she	committee for a chief	executive officer of a	·	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pro	spective state contracto	∐ i es			\$500.00
If yes, list Event #	branches of government the contract is with:	☐Ex	ecutiv					
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Ord	ler	Date Received 06/12/2023	Aggregate contributions \$1,000.00)		

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

NAME OF COMMITTEE (Provide Complete Name as Registered wi	th Filing Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	X			\$0.00
B. Itemize	ed Contributi	ons fi	rom Individuals				
Last Name		First					M.I.
Katz		Elir	i				
Residential Street Address	City				State	Zip Code	
12 Forest Hills Ln	West Ha				CT	06117-1	114
Principal Occupation Retired		Name Retir	of Employer 'ed				
Is contributor a lobbyist, spouse, or	butor or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which branches of government the branches of government the section with	nch or	or pros	_	✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroli Deduction			Date Received 04/04/2023	Aggregate contributions \$50.00			
Last Name		First		<u> </u>	l		M.I.
Goldfield		Hai	rold				P
Residential Street Address	City	<u> </u>			State	Zip Code	
2137 Bancroft PI NW	Washin				DC	20008-4	1019
Principal Occupation Attorney		Į.	of Employer an Lovells				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excemunicipality does contribution is in excemunicipality does contribution is in excemunicipality valued at n	ibutor or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which bra branches of government of	ınch or	or pros	pective state contracto	r? ☐ Yes ☑ No			\$500.00
If yes, list Event # contract is with:	□Ex-	ecutiv	e Legisl	ative]		
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction	on Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$1,000.00			
Last Name		Firs		,			M.I.
Kelsey		JD	avid				
Residential Street Address 74 Sill Ln	City Old Lyn				State CT	Zip Code 06371-	1134
Principal Occupation Investment Manager			of Employer hilton Point Inv				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? VNo If contribution is in exceed municipality does contributed at number of the contribution is in exceeding the contribution i	butor or business				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which bra	anch or	or pros	pective state contracto	∐ i es		\$	1,000.00
If yes, list Event # V No branches of government to contract is with:	he <u></u> Ex	ecutiv	e Legis	lative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	on Money Ord	ler	Date Received 04/01/2023	Aggregate contributions \$1,000.00)		

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Providence)	de Comple	te Name as Registered with F	iling Reposi	itory)		TYPE OF REPORT			12.4423.4323.6
Arunan for Hartford	2 43 43 41 41 42 43 43 43 43 43	Mark 10 (1900)				July 10 filing	\$0.00 en en en en en en en en en en	. 15.4 (5.1 (5.1 (5.2 (5.1 (5.1 (5.1 (5.1 (5.1 (5.1 (5.1 (5.1	
A. Total Contributions from S (See instructions for definition of S.			Period O		Subtotal Section A				\$0.00
		B. Itemized (Contributi	ions fi	om Individuals				DANGER OF
Last Name				First					M.I.
Julian				Jas	on				
Residential Street Address	***************		City	1			State	Zip Code	
69 Turkey Roost Road 69 Tur	key Roos	st Rd	Monroe	;			СТ	06468	
Principal Occupation Real Estate				I .	of Employer n Enterprises, In	c.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	r or business l				Amour	nt of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or			∐ Tes ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check	Credit/Debit	contract is with; Card Payroll Deduction	Money Ord	ecutive	Date Received 04/06/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Hill-Lifly				Jod	i				
Residential Street Address			City				State	Zip Code	
11 Spy Glass Cir			Bloomfi	,			CT	06002-2	2391
Principal Occupation Administrator				1	of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributed municipality valued at more	r or business				Amou	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a sta If yes, indicate which branch of		or pros	pective state contracto	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	ler	Date Received 04/30/2023	Aggregate contributions \$300.00			
Last Name				First					M.I.
King				Joh	in				С
Residential Street Address			City				State	Zip Code	10.15
54 Granny Hill Rd			Moultor	_			NH	03254-4	1815
Principal Occupation Retired				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contribute municipality valued at more	r or business	he/she i			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	∐Yes ☑No	Is contributor a principal of a star If yes, indicate which branches of government the	or	or pros	_	No			\$50.00
Method of contribution:		contract is with:	டும்	.ccuii Y	Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	ler	06/30/2023	\$250.00			

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as I	Registered with Filin	ng Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	- Received this P	eriod Ol		Subtotal Section A				\$0.00
	B. Itemized Co	ntributi	ons fr	om Individuals				
Last Name			First					M.I.
Leroy			Patr	icia				
Residential Street Address		City				State	Zip Code	
1 Regency Plz, Apt 202		Provide	nce			RI	02903-3	3126
Principal Occupation Retired		1	Name o	of Employer ed				
dependent child of a lobbyist? Mo municipa	ution is in excess of \$4 lity does contributor or lity valued at more than	r business h				Amour	it of Cont	ribution
event reported in Section L1? If yes, indi	r a principal of a state of icate which branch or f government the with:		or prosp ecutive	_	∐ Yes ✓ No			\$18.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ P	Payroll Deduction \(\sum_{\text{\text{N}}} \)	Money Orde	er	Date Received 06/30/2023	Aggregate contributions \$118.00			
Last Name		·	First		1.000	L		M.I.
Hurd			Rob	ert				В
Residential Street Address		City				State	Zip Code	
7 Rheel St		Vernon				CT	06066-3	3017
Principal Occupation Architect				of Employer Architects				
dependent child of a lobbyist? I No municipa	ution is in excess of \$4 lity does contributor or lity valued at more that	r business h				Amoun	t of Cont	ribution
event reported in Section L1?	r a principal of a state of a sta	contractor o	or prosp	ective state contractor	? Yes			\$50.00
If yes, list Event # Dranches of contract is	f government the with:	☐Exe	ecutive	Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ F	Payroll Deduction	Money Orde	er	Date Received 04/01/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Martz			Sara	ah				
Residential Street Address		City				State	Zip Code	
35 Woodside Cir		Hartford				CT	06105-1	1120
Principal Occupation Mama		,	Myse	of Employer If				
dependent child of a lobbyist? municipa	ution is in excess of \$4 lity does contributor or lity valued at more that	r business h				Amoun	t of Cont	ribution
event reported in Section L1?	r a principal of a state of a state of the control	contractor (or prosp	ective state contractor	?			\$100.00
If yes, list Event # branches of contract is	f government the with:	Ехе	ecutive	Legisla	ative V 180			
Method of contribution; ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ F	Payroll Deduction	Money Orde	ar .	Date Received 06/27/2023	Aggregate contributions \$600.00			

SUBTOTAL Section B - This Page	\$168.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Providence)	de Comple	te Name as Registered with F	iling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from S	mall Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized (Contributi	ons fi	rom Individuals				
Last Name				First					M.I.
Godbout				Sha	innon				
Residential Street Address			City	•			State	Zip Code	
48 Pierson Dr			Wallingf				CT	06492-2	018
Principal Occupation					of Employer	LD			
paralegal				IVICO	arter & English, L	-LF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more	r or business l				Amoun	it of Contr	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or			∐ Tes ✓ No			\$50.00
If yes, list Event #	<u> </u>	contract is with:	Ex	ecutiv		ative			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Orde	ег	Date Received 04/01/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Jorgensen				Tor	ıy				
Residential Street Address			City				State	Zip Code	040
84 Winthrop Rd			Windso	,	-		CT	06095-1	919
Principal Occupation Attorney					of Employer Jorgensen Law F	Firm LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contribute nunicipality valued at more	r or business l				Amour	ıt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a sta If yes, indicate which branch		or pros	pective state contracto	1es			\$250.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	-				
Method of contribution: Cash Personal Check ✓	Credit/Debi	it Card Payroll Deduction	Money Ord	ler	Date Received 04/30/2023	Aggregate contributions \$750.00			
Last Name				First	<u> </u>				M.I.
Gill				Aa	ron				
Residential Street Address			City				State	Zip Code	1400
215 Lawrence St			Hartford		·		CT	06106-1	1430
Principal Occupation Engineer				Į.	of Employer verine Property L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess o municipality does contribute municipality valued at more	or or business	he/she			Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a st If yes, indicate which branch		or pro	spective state contracto	r? ☐ Yes ☑ No			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legis	lative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Deb	it Card Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$450.00	L		

\$550.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

municipality does contributor or business neighbor is associated with nave a contract with said numicipality valued at more than \$5,000? Yes No	Zip Code 06105-43 ant of Contri	
Subtotal Section A	Zip Code 06105-43 ant of Contri	M.I. 303
Subtotal Section A	Zip Code 06105-43 ant of Contri	M.I. 303
Last Name Johnson Residential Street Address 31 Woodland St, Apt 10B Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amou	Zip Code 06105-43 ant of Contri	303 ibution
Johnson Residential Street Address 31 Woodland St, Apt 10B Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said numicipality valued at more than \$5,000? Yes No Amou	Zip Code 06105-43 ant of Contri	303 ibution
Residential Street Address 31 Woodland St, Apt 10B Principal Occupation Retired Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amou	06105-43	ibution
31 Woodland St, Apt 10B Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amou	06105-43	ibution
Principal Occupation Retired Name of Employer Retired	nt of Contri	ibution
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amou	\$	
dependent child of a lobbyist? No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	\$	
Letting till till till till till till till til		\$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the pranches of government the prospective in the property in the prop		
Method of contribution: Cash Personal Check Credit/Debit Card Payroli Deduction Money Order 04/06/2023 \$125.00		
Last Name First	t t	M.I.
Johnson Lynn		
Residential Street Address City State 3.1 Woodland St. Apt 10B Hartford CT	Zip Code 06105-43	സാ
51 Woodiand St, Apt 100	00103-40	300
Retired Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	ınt of Contri	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 04/30/2023 \$125.00		
Last Name First		M.I.
Lazowski		
Residential Street Address City State	Zip Code	
1 Financial Plz Hartford CT	06103-20	608
Principal Occupation Name of Employer Owner Laz Parking		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of the property of the contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? The property of the contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? The property of the contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	ınt of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative	\$1	,000.00
Method of contribution: □ Date Received Aggregate contributions □ Cash ✓ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 05/04/2023 \$1,000.00	AAAMAA A	

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					· · · · · · · · · · · · · · · · · · ·	July 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	imall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				19 8 8 8
Last Name				First					M.I.
Harrison				K					
Residential Street Address			City	<u> </u>			State	Zip Code	
130 Randal Avenue 130 Ran	dal Ave		West H	artford	d		CT	06110	
Principal Occupation Self				l	of Employer neg Planners				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate he/she i	committee for a chief es associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	?			\$250.00
If yes, list Event #		contract is with:	Ex	ecutive	E Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Crcdit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 05/22/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Hyde				Ber	njamin				
Residential Street Address			City				State	Zip Code	1
527 Alewife Parkway 527 Ale	wife Pkw	у	New Lo				СТ	06320	
Principal Occupation DCF Legal				I .	of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive					
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 05/23/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Hammond				Car	rie				
Residential Street Address		-	City				State	Zip Code	101
14 Pembroke HI			Farming	,	ch (CT	06032-1	461
Principal Occupation Independent Arts Consultant				Vario	of Employer DUS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	∐ res			\$250.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exe	ecutive	eLegisla	√ No ative			
Method of contribution: ☐ Cash Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 05/24/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide	e Complet	e Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT	60 (50 (50)		
Arunan for Hartford						July 10 filing			
A. Total Contributions from Sn	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sm	iall Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First	····	• • •			M.I.
Henry				Kev	vin				
Residential Street Address			City				State	Zip Code	
60 Capitol Ave			Hartford	1			CT	06106-1	1706
Principal Occupation					of Employer				
Manager				Park	viile LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	ıt of Conti	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes		\$ -	1,000.00
event reported in Section L1? If yes, list Event #	No	If yes, indicate which branch of branches of government the contract is with:	_	ecutiv	e []Legisla	No No		Ψ	1,000.00
Method of contribution: ☐ Cash	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 05/26/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I,
Gilberti				And	frea				
Residential Street Address			City				State	Zip Code	•
14 Acadia St			West H				СТ	06119-2	2301
Principal Occupation				į.	of Employer				
Outreach assistant				u.s.	Senate				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	□ 1 €5			\$25.00
If yes, list Event #	√ No	branches of government the contract is with:	Ex	ecutiv	eLegisla	✓ No ative			
Method of contribution: Cash Personal Check ✓ C	redit/Debit		Money Ord	ler	Date Received 06/11/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Kamberis				Lef	teris				
Residential Street Address			City				State	Zip Code	
102 -31 43Rd 102-31 Ave			Flushin	g			NY	11368	
Principal Occupation Self-Employeed				1	of Employer Contracting, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes ✓No	Is contributor a principal of a sta If yes, indicate which branch o branches of government the	r	or pros	_	∐ 1es ✓No			\$250.00
Method of contribution:		contract is with:			Date Received	Aggregate contributions			
Cash Personal Check 🗸 C	redit/Debit	Card Payroll Deduction	Money Ord	ler	06/12/2023	\$250.00			

SUBTOTAL Section B - This Page	\$1,275.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Arunan for Hartford					
		July 10 filing			
A. Total Contributions from Small Contributors - Received this Period ON	VLY				,
(See instructions for definition of Small Contributor)	Subtotal Section A				\$0.00
B. Itemized Contributio	ons from Individuals				
Last Name	First				M.I.
luckman	Randi				
Residential Street Address City			State	Zip Code	
750 Kappock St Bronx			NY	10463-4	612
	Name of Employer				
Retired	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a cano municipality does contributor or business he municipality valued at more than \$5,000?			Amoun	t of Conti	ibution
Is this contribution associated with an Yes Is contributor a principal of a state contractor of	r prospective state contractor	? Yes		Φ.	
event reported in Section 1.1? If yes, indicate which branch or branches of government the	cutiveLegisla	✓ No		Φ	00.00,1
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received 06/12/2023	Aggregate contributions \$1,000.00			
Last Name	First				M.I.
Klaynberg	Lauren				
Residential Street Address City			State	Zip Code	
40 E 84th St, Apt 3C New Yor	rk		NY	10028-1	101
	Name of Employer Amazing Homes & Pr	operties			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a can municipality does contributor or business he municipality valued at more than \$5,000?			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or	r prospective state contractor	1 es		\$-	00.00, 1
Contact is with.	cutive Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received 06/12/2023	Aggregate contributions \$1,000.00			
Last Name	First				M.I.
Mazier	Igor	***************************************			
Residential Street Address City 111 Union Hill Rd Manalap	ıan		State NJ	Zip Code 07726-4	1662
	Name of Employer		110	01120	1002
Project Manager	Spectra construction a				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a cano municipality does contributor or business homunicipality valued at more than \$5,000?			Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or	or prospective state contractor	res		\$	1,000.00
contract is with.	cutive Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received 06/12/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		First					M.I.
Lobl		Jos	hua				
Residential Street Address	City				State	Zip Code	
204 Point Beach Dr	Milford				СТ	06460-7	650
Principal Occupation Construction	!	ı	of Employer nerstone Construc	ction Group LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Volume Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	т	or pros	-	∐ Tes ✓ No			\$700.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 06/13/2023	Aggregate contributions \$700.00			
Last Name		First					M,I.
Klaynberg		Edv	ward				
Residential Street Address	City				State	Zip Code	
111 Fulton St, Ph 101	New Yo				NY	10038-2	779
Principal Occupation Real Estate Broker		1	of Employer iron Realty Group)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a star flyes, indicate which branch obtainches of government the contract is with	эг			∐ Tes ✓ No		\$	00.00,1
Conduct is with.		ecutiv		Aggregate contributions			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord		Date Received 06/13/2023	\$1,000.00			
Last Name		Firs					M.I.
Luckman	Lav	Jak	(e		1 0	La: 0 :	
Residential Street Address 750 Kappock St	City Bronx				State NY	Zip Code 10463-4	612
Principal Occupation Writer		;	of Employer Plance				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she			Amoun	at of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch of the section L1?		or pros	spective state contracto	r?		\$	1,000.00
If yes, list Event # V No branches of government the contract is with:	Ех	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/14/2023	Aggregate contributions \$1,000.00	and the same		

\$2,700.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Arunan for Hartford July 10 filing A. Total Contributions from Small Contributors - Received this Period ONLY					
		July 10 filing			
(See instructions for definition of Small Contributor) Subtotal Section A			\$0.00		
B. Itemized Contributions from Individuals					
Last Name First			M.I.		
Johnson James					
	State	Zip Code			
1 ' .	MA	01109-4	033		
Principal Occupation Name of Employer					
Avionics Civilian DOD					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	mount	of Contr	ibution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the		;	\$100.00		
ty yes, list Event # contract is with: Executive Legislative					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/14/2023 \$100.00					
Last Name First			M.I.		
Klaynberg Robert					
	State	Zip Code			
100 OVIIIM. WIN O) II 1101	VY	10019-1	566		
Principal Occupation Unemployed Name of Employer Unemployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	mount	of Contr	ibution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes indicate which branch or \$\frac{1}{2}\$\$					
If yes, list Event #					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/15/2023 \$1,000.00					
Last Name First			M,I,		
guido john			С		
1	State	Zip Code			
	ST	06109			
Principal Occupation Project manager Name of Employer John					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	mount	of Contr	ibution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or		;	\$100.00		
If yes, list Event # branches of government the contract is with: Executive Legislative					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/15/2023 \$100.00					

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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of

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	en en en en en en en en en en en en en e	angerater pill	er George State		July 10 filing	es en videoù viezhiù	one report of the Section 1991	o godina godina og de
A. Total Contributions from Small Co	ntributors - Received this	Period O	NT V		,9			
(See instructions for definition of Small Con		. 0.104 0	.,	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name			First					M.I.
Helitzer			Jon	athan				Α
Residential Street Address		City	•			State	Zip Code	•
15 Ann Mar Ln		Simsbu	ry			CT	06070-1	132
Principal Occupation VP - Program Management			l	of Employer Insurance Group	o, Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r		_	∐ 1es ✓ No			\$100.00
If yes, list Event #	contract is with:	∐Ex	ecutive		ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ier	Date Received 06/15/2023	Aggregate contributions \$100.00			
Last Name			First	İ				M.I.
Hartling			Jud	ly				
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	City				State	Zip Code	
202 Starr Dr		Rocky I				СТ	06067-1	1232
Principal Occupation Public Relations				of Employer ling Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business	he/she i			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the	r	-	_	∐ res √No			\$50.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative]		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ler	Date Received 06/15/2023	Aggregate contributions \$50,00			
Last Name			First					M.I.
Hamid			Ra	shid				
Residential Street Address		City				State	Zip Code	•
164 Dockerel Rd		Tolland	,			СТ	06084-3	3600
Principal Occupation Contractor			i i	of Employer EK Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or —	or pros	_	∐ Tes ✓ No			\$250.00
Method of contribution: ☐ Cash	•	Money Ord	ler	Date Received 05/30/2023	Aggregate contributions \$250.00			
		-t-w-		.t.,				

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT				
Arunan for Hartford			July 10 filing					
A. Total Contributions from Small Contributors - Receive	ed this Peri	iod ONL	.Y	1000 p. 1000 p				
(See instructions for definition of Small Contributor)			Subtotal Section	n A			\$0.00	
B. Iten	nized Conti	ribution	s from Individua	ls				
Last Name		F	irst				M.I.	
Khokhar		F	Rafique					
Residential Street Address	Cit	.y			State	Zip Code	1	
105 Renwick Ave	St	aten Isla	ınd		NY	10301-4	4217	
Principal Occupation			me of Employer					
Owner		H	aroon Gen Contr	acting Inc.				
dependent child of a lobbyist? municipality does co	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				Amount of Contribution			
Is this contribution associated with an Yes Is contributor a principa		stractor or p	rospective state contra	ctor? Yes			\$500.00	
	If yes, indicate which branch or branches of government the				Ψ.00.00			
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Dedu	uction Mor	ney Order	Date Received 06/15/2023	Aggregate contributions \$500.00)			
Last Name		F	irst				M.I.	
Levin		F	Robert				М	
Residential Street Address	Cit	-			State	Zip Code		
311 -3 Ferry Rd	OI	ld Lyme			CT	06371-	1625	
Principal Occupation Attorney		I .	me of Employer aw offices of Nair	&Levin				
	entributor or bu	isiness he/s		ief executive officer of a ave a contract with said No	Amour	nt of Cont	ribution	
event reported in Section L1? If yes, indicate which	if yes, indicate which evaluate of				\$500.00			
If yes, list Event # V No branches of governme contract is with:	an me	Execu	tive Le	gislative				
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction	uction Mor	ney Order	Date Received 06/16/2023	Aggregate contributions \$500.00				
Last Name		F	irst				M,I,	
Mccalop		l N	∕lark			•	Α	
Residential Street Address	Cit	•			State	Zip Code		
93 Melton Dr	E8	ast Hartf			CT	06118-	2049	
Principal Occupation Plumber			ime of Employer CM Plumbing, Ll	.C				
	entributer or bu	isiness he/s		ief executive officer of a ave a contract with said No	Amour	ıt of Cont	ribution	
event reported in Section L1?	If yes, indicate which branch or				1,000.00			
If yes, list Event #	ent the	Execu	ıtiveLeş	gislative V				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Dedit	uction Mo	ney Order	Date Received 06/16/2023	Aggregate contributions \$1,000.00				

SUBTOTAL Section B - This Page	\$2,000.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registe	red with Filing Rep	ository)		TYPE OF REPORT			
Arunan for Hartford	July 10 filing						
A. Total Contributions from Small Contributors - Rece (See instructions for definition of Small Contributor)	eived this Period	ONLY	Subtotal Section A				\$0.00
B. 10	temized Contrib	utions f	rom Individuals				
Last Name		Firs	t				M.I.
Hamid		Ra	shid				
Residential Street Address	City				State	Zip Code	
164 Dockerel Road 27 Naek Rd, Vernon	Tolla	nd			CT	06008	
Principal Occupation General contractor		1	e of Employer k construction				3
dependent child of a lobbyist? municipality does		ss he/she	committee for a chief is associated with have		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a print Yes If yes, indicate who hanches of govern contract is with:	nich branch or	tor or pros Executiv	spective state contractor	✓ No	***		\$500.00
Method of contribution:	Deduction Money	Order	Date Received 06/19/2023	Aggregate contributions \$500.00			
Last Name		Firs	t				M.I.
Gosselin		Kile	ey				
Residential Street Address	City	L			State	Zip Code	1
180 Deercliff Rd	Avon				CT	06001-2	2851
Principal Occupation CEO		HDI	e of Employer =				
dependent child of a lobbyist? Italy municipality doe		ss he/she	e committee for a chief is associated with have Yes		Amour	nt of Cont	ribution
event reported in Section L1? If yes, indicate where the property is the property of property in the property in the property is the property in the property is the property in the property in the property is the property in the property is the property in the property in the property is the property in the property in the property is the property in the property in the property is the property in the property in the property is the property in the property in the property in the property is the property in the proper	hich branch or		spective state contracto	∐ 1es √No			\$250.00
If yes, list Event # contract is with:		Executiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll I	Deduction Money		Date Received 06/02/2023	Aggregate contributions \$250.00)		
Last Name Gregory		Firs	et oug				M.I.
Residential Street Address	City	1 -			State	Zip Code	1
25 Industry Dr	Wes	Haven	ı		CT	06516-	1443
Principal Occupation President		Nam SE(e of Employer Ol				
dependent child of a lobbyist? No municipality value.	es contributor or busin ued at more than \$5,00	ess he/she 00?	e committee for a chief is associated with have Yes	e a contract with said No	Amour	ıt of Cont	ribution
event reported in Section L1? Yes If yes, indicate w	hich branch or		spective state contracto	∐ res ✓ No			\$300.00
If yes, list Event # contract is with:		Executi	ve Legis	lative	1		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll	Deduction Money	Order	Date Received 06/20/2023	Aggregate contributions \$300.00	1		

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Š.			\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals		yva V		
Last Name				First					M.I.
Grice				Jord	dan				
Residential Street Address			City				State	Zip Code	
274 Fairfield Ave, Apt 3W			Bridgep				СТ	06604-4	280
Principal Occupation Writer/editor					of Employer /ledia				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	·		_	☐ Tes			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check	Credit/Debi	contract is with:		ecutive er	Date Received 06/20/2023	Aggregate contributions \$50.00			
Last Name				First		la	•		M.I.
Hardy				Bry	ce				D
Residential Street Address			City	•			State	Zip Code	1
297 Hartford Ave			Wethers				CT	06109-1	256
Principal Occupation Restaurant				l	of Employer les Drake enterp	orises LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business 1				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch of		or pros	pective state contracto	res			\$500.00
If yes, list Event #	∠ No	branches of government the contract is with:	Ех	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/20/2023	Aggregate contributions \$500.00	ŀ		
Last Name				First		<u>-</u>			M.I.
Leone				Jon	l				
Residential Street Address			City	صدامام		-	State	Zip Code	
47 Laurel Cove Rd			East Ha				CT	06423-1	238
Principal Occupation President				į.	of Employer Distributors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more tl	or business l				Amour	nt of Contr	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contracto	ies			\$500.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi		Money Ord	er	Date Received 06/20/2023	Aggregate contributions \$500.00)		

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Repos	itory)		TYPE OF REPORT			TANGER SARAWA
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Receiv	ved this Period C	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Ite	mized Contribut	ions fi	om Individuals				
Last Name		First					M.I.
Giuliano		She	ila				
Residential Street Address	City				State	Zip Code	·
151 Four Mile Rd	West H	lartford	d		СТ	06107-3	3022
Principal Occupation Office/HR Manager		1	of Employer struction Solutions	s Group			
dependent child of a lobbyist?		he/she is	committee for a chief e s associated with have a Yes		Amoun	t of Conti	ribution
event reported in Section L1? If yes, indicate which branches of governments.	h branch or		pective state contractor	∐ res ✓No			\$500.00
## contract is with: Method of contribution:		recutive	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Dec	duction Money Ord		06/21/2023	\$500.00			····
Last Name		First					M.I.
Linares		Luis	3		•		
Residential Street Address	City Essex				State CT	Zip Code 06426-1	1100
8 West Ave Principal Occupation	Essex	Nama	of Employer		U!	00420-1	
Self employed		1 '	es Realty group I	LLC			
dependent child of a lobbyist? municipality does of		he/she i	committee for a chief e s associated with have a Yes		Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princip If yes, indicate which branches of government contract is with:	in branch or	r or pros	pective state contractor	∐ Tes ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll De			Date Received 06/22/2023	Aggregate contributions \$1,000.00			
Last Name		First		7 1, 2 2 2 2 2			M.I.
Mancini		Mai	tthew				
Residential Street Address	City				State	Zip Code	
1299 Main St	South 1				CT	06074-2	2410
Principal Occupation Attorney		L	of Employer cini Provenzano &	& Futtner LLC			
dependent child of a lobbyist? municipality does of		he/she i	committee for a chief est associated with have a Yes		Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princip If yes, indicate which branches of government contract is with:	ch branch or	r or pros xecutive	pective state contractor Legisla	∐ Yes ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll De	duction Money Or	der	Date Received 06/22/2023	Aggregate contributions \$1,000.00			
			t.				

\$2,500.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Co	mplete Name as Reg	istered with Fili	ng Reposit	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from Small	Contributors - R	eceived this I	eriod Ol	NLY		(\$a.			
(See instructions for definition of Small	Contributor)			S	ubtotal Section	A			\$0.00
	1	. Itemized Co	ontributio	ons fro	m Individuals	Y commence of the contract of			
Last Name				First		· · · · · · · · · · · · · · · · · · ·			M.I.
Luksberg				Josh					
Residential Street Address			City				State	Zip Code	
83 Walbridge Rd			West Ha	artford			CT	06119-1	160
Principal Occupation					Employer				
Real Estate Attorney				First A	merican litle i	nsurance Company			ļ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality		or business h			executive officer of a e a contract with said No	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	es If yes, indicate	which branch or			etive state contracto	☐ res		\$-	00.00,1
If yes, list Event #	contract is with		Exe	ecutive	Legis	lative			
Method of contribution: Cash Personal Check ✓ Credit	Debit Card Payr	oil Deduction	Money Orde		Date Received 06/22/2023	Aggregate contributions \$1,000.00			
Last Name				First					M.I.
Lopez				Carlo	s M				М
Residential Street Address			City				State	Zip Code	
9211 Gilmore Grove Way			Jackson				FL	32211-4	412
Principal Occupation Retired				Name of Retired	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Mo municipality	-	or business h			f executive officer of a e a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	es			or prospe	ctive state contract	or? Yes			\$500.00
If yes, list Event #	If yes, indicat branches of go contract is wit			ecutive	Legis	lative No			ψοσο.σο
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	/Debit Card Payı	oll Deduction	Money Orde	1	Date Received 06/23/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Lovejoy				Ben					
Residential Street Address			City	·			State	Zip Code	L
542 Forest St			East Ha				CT	06118-2	2035
Principal Occupation Regional Planner				Name of SCRC	Employer OG				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Mo municipality		or business h			f executive officer of a e a contract with said No	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	es			or prospe	ctive state contract	or? Yes			\$150.00
If yes, list Event #	If yes, indicated branches of good contract is with			ecutive	Legis	slative No			+.50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi	/Debit Card Pays	roll Deduction	Money Orde		Date Received 06/26/2023	Aggregate contributions \$150.00	1		

SUBTOTAL Section B - This Page	\$1,650.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Cor	uributor)			Subtotal Section A	\ \			\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		<u></u>	First					M.I.
Johnson MS			Lyr	ın				
Residential Street Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	I			State	Zip Code	
31 Woodland St, Apt 10B		Hartford	ŀ			CT	06105-4	303
Principal Occupation			ı	of Employer				
Retired			Retii	rea				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	? Yes			\$25.00
If yes, list Event #	branches of government the contract is with:		ecutiv	eLegisl	√ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Del	oit Card Payroll Deduction	Money Ord	er	Date Received 06/27/2023	Aggregate contributions \$25.00			
Last Name			First					M.I.
Jeyarajah			Sal	ku				
Residential Street Address	······································	City	1			State	Zip Code	
11303 Freer Ave		Arcadia				CA	91006-5	925
Principal Occupation Retired			Name Reti	of Employer red				;
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pros	spective state contractor	r? ☐ Yes ☑ No			\$100.00
If yes, list Event #	branches of government the contract is with:	□Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De	oit Card Payroll Deduction	Money Ord	ier	Date Received 06/27/2023	Aggregate contributions \$100.00			
Last Name			Firs	t				M.I.
Gnanakone			Ch	ristopher				V
Residential Street Address		City				State	Zip Code	
11746 Monte Leon Way		Porter I				CA	91326-1	1514
Principal Occupation Retired			Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have Yes	a contract with said No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	if yes, thencate which branch or					\$100.00		
If yes, list Event #	branches of government the contract is with:	<u></u> Ех	ecutiv		ative			
Method of contribution: Cash Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Ord	ler	Date Received 06/27/2023	Aggregate contributions \$100.00			

age \$225.0	SUBTOTAL Section B - This Page
ges \$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Filir	ng Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford				<u> </u>	July 10 filing		- 4.255555	
A. Total Contributions from Small Co	ntributors - Received this P	eriod O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section	A			\$0.00
	B. Itemized Co	ntributi	ons fi	om Individuals				
Last Name			First					M.I.
Linares			Arth	nur				
Residential Street Address		City	i			State	Zip Code	
424 Ocean Dr W		Stamfor	ď			CT	06902-8	241
Principal Occupation				of Employer	- 11.0			
Business Owner			Conr	necticut Social E	equity LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$4 municipality does contributor or municipality valued at more tha	r business 1				Атоиг	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state	contractor (er pros	ective state contract	or? Yes		\$	1,000.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	□Exe	ecutive	eLegis	lative No		Ť	.,
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction N	Money Orde	er	Date Received 06/27/2023	Aggregate contributions \$1,000.00			
Last Name			First		•			M.I.
Kemp			Leo	nard				s
Residential Street Address	i i	City				State	Zip Code	<u> </u>
793 Ridgebury Rd		Ridgefie				СТ	06877-1	015
Principal Occupation COO			ļ.	of Employer coodshare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$4 municipality does contributor or municipality valued at more tha	r business l				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or	contractor -	or pros	pective state contract	res			\$25.00
If yes, list Event #	branches of government the contract is with:	Exc	ecutive					
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction l	Money Orde	er	Date Received 06/27/2023	Aggregate contributions \$25.00			
Last Name			First					M,I.
Hamilton			Kat	harine				
Residential Street Address	3	City				State	Zip Code	
24 Miamis Rd		West H		10		CT	06117-2	2223
Principal Occupation Legislative Staffer			1	of Employer e of Connecticu	t			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$- municipality does contributor or municipality valued at more tha	r business l				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or	contractor	or pros	pective state contract	res			\$500.00
If yes, list Event #	branches of government the contract is with:	Ех	ecutive	eLegi	slative No			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction l	Money Ord	er	Date Received 06/28/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,525.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing		***************************************	
A. Total Contributions from Small Co (See instructions for definition of Small Com		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name	-		First					M.I.
Houlihan			Chi	ristopher				
Residential Street Address		City	· · · · · · · · ·			State	Zip Code	-
16 Warrenton Ave		Hartford	<u>i</u>			CT	06105-4	017
Principal Occupation Professor			1	of Employer ty College, Hartfo	ord			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or pros		☐ res ✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debi		Money Ord	er	Date Received 06/28/2023	Aggregate contributions \$25.00			
Last Name	· · · · · · · · · · · · · · · · · · ·		First	<u> </u>	 	<u> </u>		M.I.
Jeyarajah			Elia	as				
Residential Street Address		City	-l			State	Zip Code	
5505 Killarney Hope Dr 5505 Killarney	/ Hope Dr	Raleigh	,	9-11-2		NC	27613	
Principal Occupation Retired			Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ res √No		\$	00.000,†
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debi	it Card Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Lazowski Residential Street Address		City	Bai	iiy		State	Zip Code	
5510 N Ocean Dr. Apt 22A		Riviera	Beac	:h		FL	33404-2	2565
Principal Occupation Retired			Name Reti	e of Employer red		L		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more tl	or business	he/she			Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	spective state contracto	res		\$	1,000.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	e Legisl	.			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,025.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

SEEC	FORM	20	
Reviser	l lanuary	201	5

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Arunan for Hartford A. Total Contributions from Small C (See instructions for definition of Small Co		Paviod O			July 10 filing			
		Pariod O			outy to ming			
Productive in the compared of the first of the first of the confidence of the confidence of the confidence of		i eriou O	NLY	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions f	rom Individuals				
Last Name			First					M.I.
Gianni			Jos	seph				
Residential Street Address		City				State	Zip Code	
41 Wells Rd		West H	artfor	ď		CT	06107-1	634
Principal Occupation Financial Services			1	of Employer k of America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros		∐ res ✓ No		\$	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De		Money Ord	ег	Date Received 06/29/2023	Aggregate contributions \$1,000.00			
Last Name			First	(ı		M.I.
Johnson			Lat	osha				м
Residential Street Address		City	.1			State	Zip Code	
18 Franklin Ave, Apt C		Hartford	d			CT	06114-1	1005
Principal Occupation Social Work			Ł	e of Employer e of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business				Amour	ıt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r	·	_	∐ res ✓ No			\$100.00
IJ yes, list Event #	contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De	oit Card Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$100.00			
Last Name			Firs	t				M.I.
Hemmings			Da	ileann				
Residential Street Address 52 Kenwood Cir		City Bloomfi	ield			State CT	Zip Code 06002-3	3439
Principal Occupation Prog Dir, Maternal Health Equity			ŧ.	e of Employer Iford Hospital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	or business	he/she			Атош	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the	ır			?			\$500.00
If yes, list Event #	contract is with:	□ Ex	ecutiv	e Legisla	ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Ord	ler	Date Received 06/30/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Regi	stered with Filing Re	pository)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Re	eceived this Period	I ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	X			\$0.00
${f B}_i$. Itemized Contrib	utions f	rom Individuals				
Last Name		Firs	l				M.I.
Grandison		Vic	tor				s
Residential Street Address	City	·l			State	Zip Code	'
72 Stanley St	East	Hartfor	d		CT	06108-1	1663
Principal Occupation		1	of Employer				
Managing Member		ACC	ORE Builders				
dependent child of a lobbyist?	n is in excess of \$400 to a loes contributor or busing valued at more than \$5,0	ess he/she			Amoun	t of Cont	ribution
	rincipal of a state contra	ctor or pro	spective state contracto	r? Yes			e100.00
event reported in Section L1? If yes, indicate branches of gov contract is with:		Executiv	e Legisl	☑ No			\$100.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payro	ll Deduction Money	Order	Date Received 06/06/2023	Aggregate contributions \$1,000.00			
Last Name		Firs	t				M.I.
Grandison		Vic	tor				s
Residential Street Address	City				State	Zip Code	I
72 Stanley St	East	Hartfor	đ		CT	06108-1	1663
Principal Occupation Managing Member			e of Employer DRE Builders				
dependent child of a lobbyist? municipality of	n is in excess of \$400 to loes contributor or busin valued at more than \$5,0	ess he/she			Amoun	t of Cont	ribution
event reported in Section L1? If yes, indicate	rincipal of a state contraction which branch or	ctor or pro	spective state contracto	∐ Yes			\$900.00
If yes, list Event # V No branches of gov contract is with:		Executiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payro	ll Deduction Money	Order	Date Received 06/30/2023	Aggregate contributions \$1,000.00			
Last Name Jeyarajah		Firs	t anthini				M.I.
Residential Street Address	City	JII	with H		State	Zip Code	
5505 Killarney Hope Dr 5505 Killarney Hope Dr	Rale	igh			NC	27613	
Principal Occupation			e of Employer	!		I	
Senior Director		lnoz	yme Pharma				
dependent child of a lobbyist? municipality of	n is in excess of \$400 to a loes contributor or busing valued at more than \$5,0	ess he/she			Amoun	t of Cont	ribution
event reported in Section L1?	rincipal of a state contraction which branch or	ctor or pro	spective state contracto	∐ Yes		\$	1,000.00
If yes, list Event # VNo branches of gov contract is with:	crnment the	Executiv	e Legisl	√ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro	ll Deduction Money	Order	Date Received 06/30/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,000.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

Page	80	of	15
Lago	00	171	1.5

Subtotal Section A		
B. Itemized Contributions from Individuals East Name		
B. Itemized Contributions from Individuals East Name		
Kenny Residential Street Address 7 Fern St Principal Occupation Real Estate Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said First Kevin State City Rocky Hill CT Name of Employer Lexington Partners LLC Amount		\$0.00
Kenny Residential Street Address 7 Fern St Principal Occupation Real Estate Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said Kevin		
Residential Street Address 7 Fern St Rocky Hill Rocky H	Ï	M.I.
7 Fern St Rocky Hill CT Principal Occupation Real Estate Name of Employer Lexington Partners LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said Amount		F
Principal Occupation Real Estate Name of Employer Lexington Partners LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said Amount	Zip Code	
Real Estate Lexington Partners LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Lexington Partners LLC If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said Amount	06067-20	014
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said Amount		
dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said		
	of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	\$1	,000.00
## If yes, list Event #		
Last Name First		M.I.
	Zip Code	
Residential Street Address City State 116 Feldspar Rdg Glastonbury	06033-3	374
Principal Occupation Name of Employer		
Consultant Intersect Public Solutions		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	of Contr	ibution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the	\$1	00.000,1
If yes, list Event # Contract is with: Executive Legislative		
Method of contribution: Date Received Aggregate contributions Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 06/30/2023 \$1,000.00		
Last Name First	· ·	M.I.
Lamantia Terry		
Residential Street Address City State	Zip Code	
27 Hemlock Dr Greenwich CT	06831-5	217
Principal Occupation Attorney Name of Employer Marcum LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or		\$500.00
If yes, list Event # Executive Legislative No		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order Date Received 06/30/2023 \$500.00		

\$2,500.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Contributors - Re (See instructions for definition of Small Contributor)	eceived this	Period O	NLY	Subtotal Section A				\$0.00
В.	Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Lester Salchert			Cat	herine				Α
Residential Street Address		City	·			State	Zip Code	
32 E Woodhaven Dr		Avon				СТ	06001-2	2425
Principal Occupation Retired			Name Retir	of Employer ed				
dependent child of a lobbyist?		or business l		committee for a chief s associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a property of the	which branch or ernment the	r	or pros	pective state contracto Legisl	∐ Yes ✓ No			\$50.00
Method of contribution:		Money Orde		Date Received 06/30/2023	Aggregate contributions \$50.00			
Last Name			First			·		M.I.
Kane			Ro	wan				
Residential Street Address	:	City				State	Zip Code	
2022 Columbia Rd NW, Apt 606		Washin				DC	20009-1	303
Principal Occupation Consultant			Name Self	of Employer				
dependent child of a lobbyist?		or business l		committee for a chief s associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a property of the	which branch or ernment the	г	or pros	pective state contracto	∐ 1es ✓ No			\$250.00
Method of contribution:	ll Deduction	Money Orde	er	Date Received 06/05/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
MacLise-Kane			Les	ilie				
Residential Street Address		City				State	Zip Code	•
7 High St		Deep R				CT	06417-1	1907
Principal Occupation Self employed				of Employer Sultant				
dependent child of a lobbyist? No municipality to municipality v	loes contributor /alued at more th	or business I han \$5,000?	ne/she i	committee for a chief is associated with have Yes	a contract with said No	Amoun	t of Cont	ribution
event reported in Section L1? If yes, indicate branches of gov	which branch or ernment the	r	•	pective state contracto	∐ Yes ✓ No	**************************************		\$50.00
Method of contribution:	: ill Deduction		ecutiv er	Date Received 06/05/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide	Complet	te Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT	ASSASSA (16)		
Arunan for Hartford							July 10 filing			
A. Total Contributions from Sm	all Con	tributors - Received this	Period O	NLY						
(See instructions for definition of Smo	all Contr	ibutor)			Subtot	al Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom In	dividuals				
Last Name				First						M.I.
Lewis				Dia	ne					
Residential Street Address			City					State	Zip Code	
69 C Congress St 69C Congres	ss St		Hartford	,				CT	06114	
Principal Occupation				1	of Emplo rers 23					
Case Manager				Labe	ners Z	50				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chimunicipality does contributor or business he/she is associated with ha municipality valued at more than \$5,000? Yes					ted with have		Amoun	t of Conti	ribution	
Is this contribution associated with an event reported in Section L1?]Yes ☑No	Is contributor a principal of a state If yes, indicate which branch o branches of government the	r		-		✓ No			\$100.00
If yes, list Event #		contract is with:	∐Ех	ecutiv	,	Legisla				
Method of contribution: ✓ Cash Personal Check Creen	edit/Debit	Card Payroll Deduction	Money Ord	er	1	eceived /2023	Aggregate contributions \$600.00			
Last Name				First	<u> </u>					M.I.
Lewis				Dia	ne					
Residential Street Address			City	-				State	Zip Code	
69 C Congress St 69C Congres	ss St		Hartford	<u> </u>				СТ	06114	
Principal Occupation Case Manager				1	of Employers 2	-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business					Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state of the		or pros	spective s	tate contractor	168			\$500.00
If yes, list Event #	∑No	branches of government the contract is with:	□Ex	ecutiv	е	Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Creation	edit/Debit	Card Payroll Deduction	Money Ord	ler	1	eceived 7/2023	Aggregate contributions \$600.00			
Last Name				Firs	Į.					M.I.
Mannello				Tei	resa					
Residential Street Address			City					State	Zip Code	
46 Angeli Ct			Berlin					CT	06037-4	1083
Principal Occupation Insurance Sales				£ .	of Empl ntworth		Insurance			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?]Yes Z]No	Is contributor a principal of a sta If yes, indicate which branch of		or pro	spective s	tate contracto	r? Yes ✓ No			\$500.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	re	Legisl	ative			
Method of contribution: Cash Personal Check ✓ Cr	redit/Debit	Card Payroll Deduction	Money Ord	ler	1	teceived 7/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name	as Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Contributo	ors - Received this l	Period O	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section A	<u>.</u>			\$0.00
	B. Itemized Co	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Haggerty			Ros	sanne				
Residential Street Address	ļ	City				State	Zip Code	
101 School St		Concord	<u> </u>			NH	03301-3	3820
Principal Occupation				of Employer				
Not for profit			Com	munity Solutions				
dependent child of a lobbyist?	property of the behavior?					Amoun	t of Cont	ribution
avant reported in Castion I 12	outor a principal of a state indicate which branch or		or pros	pective state contractor	? Yes			\$50.00
Muse list Event # V No branche	es of government the et is with:	_	ecutiv	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card [Payroll Deduction	Money Orde	er	Date Received 06/09/2023	Aggregate contributions \$50.00			
Last Name			First			L		M.I.
Magubane			Sib	ongile				
Residential Street Address		City	1	·		State	Zip Code	
54 Goodwin Cir		Hartford	ł			CT	06105-5	5206
Principal Occupation Retired			Name Retii	of Employer red				
dependent child of a lobbyist?	ntribution is in excess of \$ cipality does contributor of cipality valued at more th	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	butor a principal of a state indicate which branch or		or pros	pective state contractor	res			\$200.00
	es of government the et is with:	Exe	ecutiv	e	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card [Payroll Deduction	Money Orde	er	Date Received 06/09/2023	Aggregate contributions \$200.00			
Last Name			First					M.I.
Gonzalez			Hel	ber				
Residential Street Address 161 Chestnut St		City West Sp	pringl	ield	10 1	State MA	Zip Code 01089-2	2805
Principal Occupation Welder			Name	of Employer G Westfield MA		<u> </u>	<u></u>	
dependent child of a lobbyist?	ntribution is in excess of s cipality does contributor o cipality valued at more th	or business i				Amoun	t of Cont	ribution
event reported in Section L1?	butor a principal of a state indicate which branch or		or pros	pective state contractor	Yes			\$40.00
y yes, list Event # contrac	es of government the et is with:	Exc	ecutiv					
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	er	Date Received 04/02/2023	Aggregate contributions \$40.00			

ection B - This Page \$290.00	SUBTOTAL Section B - T
of Section B Pages \$123,568.00	TOTAL of Section
\$123.568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summ

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See instructions from Small Contributors - Received this Period ONLY Subtotal Section A \$0.00	NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Subtorial Section Subt	Arunan for Hartford					July 10 filing			
Law Name Law Sincere City			Period O	NLY	Subtotal Section A				\$0.00
Every contribution associated with an event reported in Section Li19 Source Since Sinc		B. Itemized C	ontributi	ons fi	om Individuals				
Residential Street Address	Last Name			First					M.I.
## Afford Agreement Street Address Agreement Becombined as State Agreement Street Address Agre	Lawson			Sin	cere				
Name of Employer Arthurt for Hartford Scheduler	Residential Street Address		City	·				Zip Code	<u> </u>
Le contributor a lobbyist; apones, or dependent child of a lobbyist? Yes Miscontribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No			Hartford				CT	06114-1	027
International contribution associated with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate contracted with any except event which is event to provide the section of the				l					
### Second Section L1? Test	dependent shild of a lebburist?	municipality does contributor	or business 1		s associated with have	a contract with said	Amoun	t of Cont	ribution
Manual of contributions Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 05/31/2023 Aggregate contributions \$20.00	event reported in Section L1?	If yes, indicate which branch o branches of government the	г			∐ res ✓ No			\$20.00
Residential Street Address 165 Girard Ave Principal Occupation Therapist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state contractor? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Payroll Deduction Money Order Disc Received Payroll Deduction Disc Received Payroll Deduction Payroll Deduction Disc Received Payroll Deduction Disc Receiv			Money Ord	er	Date Received	Aggregate contributions			
Residential Street Address 165 Girard Ave 165 Girar	Last Name			First			•		M.I.
Hartford Hartford Hartford Hartford Hartford Hartford Principal Occupation The rapist If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Horn			Del	ora				
Principal Occupation Therapist Name of Employer Integrated Physical Therapy	Residential Street Address		1 '					1 '	'
Integrated Physical Therapy Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Hartford				CT	06105-2	2232
Method of contribution associated with an event reported in Section L1? Yes Is contribution Is this contribution associated with an event reported in Section L1? Yes Is contribution Is this ontract Is this contribution Is the contribution Is the contribution Is the contribution Is the contributio						herapy			
## State ## State	donondont shild of a labbuist?	municipality does contributor	or business l		s associated with have	a contract with said	Amour	it of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroli Deduction Money Order Date Received Date Received Date Received Spool Spoo	event reported in Section L1?	If yes, indicate which branch o		or pros		∐ res ✓ No			\$500.00
Cash	If yes, list Event #		Ex	ecutiv	e Legisl	ative —			
Residential Street Address 200 Cromwell Ct N Principal Occupation Management Name of Employer New Day LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Lara City Old Saybrook Name of Employer New Day LLC If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received Aggregate contributions		it Card Payroll Deduction	Money Ord	ler	***				
Residential Street Address 200 Cromwell Ct N Principal Occupation Management If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: City Odd Odd Saybrook CT O6475-2556 Name of Employer New Day LLC Name of Employer New Day LLC Amount of Contribution Amount of Contribution State	Last Name			First					M.I.
200 Cromwell Ct N Principal Occupation Management Name of Employer New Day LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Old Saybrook CT 06475-2556 Amount of Contribution Amount of Contribution Pres \$1,000.00 \$1,000.00 \$2,000.00 \$3,000.00 \$4,000	Luciani			Lar	a				
Management New Day LLC				ybroo	K		ŧ	1 '	2556
dependent child of a lobbyist? In unnicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Ves				1					
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Yes \$1,000.00 Executive Legislative \$1,000.00	dependent shild of a labbuist?	municipality does contributor	or business	he/she i	s associated with have	a contract with said	Amour	nt of Cont	ribution
### Contract is with: Executive Legislative Method of contribution: Date Received Aggregate contributions	event reported in Section L1?	If yes, indicate which branch o		or pros	pective state contracto	res		\$	1,000.00
	If yes, list Event #		Ех	ecutiv	e Legisl	ative			
		it Card Payroll Deduction	Money Ord	ler					

SUBTOTAL Section B - This Page	\$1,520.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Subtotal Section A	4017
B. Itemized Contributions from Individuals First	M.I. 4017
Last Name Habesch Residential Street Address 101 Highland St Principal Occupation Housewife Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes	4017 tribution
Habesch Residential Street Address 101 Highland St Principal Occupation Housewife Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an Yes Is contribution a spociated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes	4017 tribution
Residential Street Address 101 Highland St Wethersfield Principal Occupation Housewife Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes	4017 tribution
101 Highland St Principal Occupation Housewife Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes CT 06109- Amount of Contribution associated with an Yes	4017 tribution
Principal Occupation Housewife Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes	tribution
Housewife Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes	
dependent child of a lobbyist? Is this contribution associated with an large superstruction of a state contractor or prospective state contractor? Yes Amount of Contribution associated with an large superstruction of a state contractor or prospective state contractor? Yes	
avort reported in Special 110 198 198	\$250.00
event reported in Section L1? If yes, indicate which branch or branches of government the No.	
If yes, list Event # Contract is with: Executive Legislative	
Last Name First	M.I.
Habesch William	
Residential Street Address City State Zip Code	 ;
101 Highland St Wethersfield CT 06109-	4017
Principal Occupation Name of Employer Producer WWE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	tribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the	\$150.00
If yes, list Event # branches of government the contract is with: Executive Legislative	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/27/2023 S150.00	
Last Name First	M.I.
Gershman Mark	
Residential Street Address City State Zip Code	
131 S Washington St Norton MA 02766	·2901
Principal Occupation Senior Vice President Name of Employer BETA Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes	tribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the	\$250.00
ty yes, list Event # contract is with: Executive Legislative	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/29/2023 Aggregate contributions \$250.00	

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

of

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	tory)		TYPE OF REPORT		100000000000000000000000000000000000000	
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					\$0.00
(See instructions for definition of Small Contributor)			Subtotal Section A		read palegation		\$0.00
	ontributi		om Individuals		31000000		N. T.
Last Name		First					M.I.
Klaynberg		Jos	eph 				
Residential Street Address	City	ماند.			State NY	Zip Code 10075-1	706
8 E 78th St	New Yo		C+1 1		INT	10075-1	706
Principal Occupation Owner		i	of Employer der Works Consti	ruction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros		☐ res			\$180.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ет	Date Received 06/06/2023	Aggregate contributions \$180.00			
Last Name		First					M.I.
Haylon		Juli	e				
Residential Street Address	City				State	Zip Code	-
15 Ann Mar Ln	Simsbu	ry			CT	06070-1	132
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section of the sec	or	or pros		∐ res ☑No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Received 06/08/2023	Aggregate contributions \$50.00			:
Last Name		First					M.I.
Jonsson		Pat	rik				
Residential Street Address	City Ostervi	lle			State MA	Zip Code 02655-2	2415
29 Hathaway Rd Principal Occupation	OBIGIVII		of Employer		1017 (02000 2	-710
CEO			er Collective				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more	r or business l	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the second section L1? If yes, indicate which branch of the second second section L1?		or pros	pective state contractor	Lies		\$	1,000.00
If yes, list Event # V No branches of government the contract is with:	□Ex	ecutiv			l t		
Method of contribution: ☐ Cash ✓ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Received 06/08/2023	Aggregate contributions \$1,000.00	- Lange		

SUBTOTAL Section B - This Page	\$1,230.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide C	Complete N	ane as Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford			·			July 10 filing	· · · ·		
A. Total Contributions from Sma (See instructions for definition of Smal			Period O		Subtotal Section A		* * * * * * * * * * * * * * * * * * * *		\$0.00
		antenni atymi atymi pantenna projekta je po je po je po je po je po je po je po je po je po je po je po je po	ontributi	ons fr	om Individuals				
Last Name			ereste e pro-	First	******************				M.I.
Hensley				Rob	ert				
Residential Street Address			City				State	Zip Code	
21 Cedar Hill Rd		,	West Si	msbu	ry		CT	06092-2	207
Principal Occupation Financial Advisor					of Employer Sley & Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	- ZINo	If contribution is in excess of \$ municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ribution
event reported in Section L1?	No b	contributor a principal of a state fyes, indicate which branch or ranches of government the		or prost		∐ 1es ✓ No			\$250,00
Method of contribution: Cash Personal Check Crec	<u></u>	ontract is with:	Money Orde	T	Date Received 06/08/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Gooden				Dia	ne				
Residential Street Address			City				State	Zip Code	
WESTBOURNE Pkwy			Hartford		,,,		CT	06112	
Principal Occupation Owner				l	of Employer bow Variety Store	e			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of a municipality does contributor municipality valued at more the	or business I				Amoun	t of Cont	ribution
event reported in Section L1?	les L	contributor a principal of a stat		or prosp	pective state contractor	? ☐ Yes . ☑ No			\$100.00
If yes, list Event #		ranches of government the ontract is with:	□ Ex	ecutive	E Legisla	ative			
Method of contribution: ✓ Cash Personal Check Cree	dit/Debit Car	d Payroll Deduction	Money Ord	ег	Date Received 04/01/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
van Luling				Zac	hary				М
Residential Street Address			City			-	State	Zip Code	
18 Boulder Dr			Rocky I			, 4 · · · · · · · · · · · · · · · · · ·	CT	06067-1	1074
Principal Occupation Political consultant					of Employer and State, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the state of the contribution of the contribution of the contribution is a second contribution of the contribution of the contribution is a second contribution of the contribution is a second contribution of the contribution is a second contribution of the contribution is a second contribution of the contribution of the contribution is a second contribution of the contribut	or business l				Amour	nt of Cont	ribution
event reported in Section 1.17	No b	contributor a principal of a stat f yes, indicate which branch o ranches of government the	г	or pros		∐ Yes			\$50,00
	С	ontract is with:		CCULIVE	Date Received	Aggregate contributions			
Method of contribution: Cash Personal Check ✓ Cree	dit/Debit Car	d Payroll Deduction	Money Ord	er	06/29/2023	\$175.00			

\$400.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with I	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY			• •		
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ions fi	om Individuals		4.000		
Last Name		First					M.I.
Sullivan		Ger	aldine				P
Residential Street Address	City				State	Zip Code	
249 Oxford St	Hartford	t			CT	06105-2	249
Principal Occupation			of Employer				
Retired		Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	r or business l				Amoun	t of Contr	ihution
Is this contribution associated with an Yes Is contributor a principal of a state of the second second in Section I.13	ate contractor	or prosp	pective state contractor	? Yes			** = 0 00
event reported in Section L1? If yes, list Event # If yes, indicate which branch branches of government the contract is with:		ecutivo	eLegisla	ative		•	\$150.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/28/2023	Aggregate contributions \$850.00			
Last Name		First			· · · · · · · · · · · · · · · · · · ·		M.I.
Santiago		Hild	la				
Residential Street Address	City				State	Zip Code	
86 South Ave	Merider	n			СТ	06451-7	650
Principal Occupation Legislator		1 .	of Employer of Conn	-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	r or business l	he/she i			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st. If yes, indicate which branch		or pros	pective state contractor	res	7	;	\$100.00
If yes, list Event # V No branches of government the contract is with:	□ Ex	ecutive	eLegisla	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/30/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Zabel		Kat	hleen				K
Residential Street Address	City	<u> </u>			State	Zip Code	
5 Polly Dan Rd	Burlingt	ton			СТ	06013-2	004
Principal Occupation SessionIal legislative employee		1	of Employer e legislature/legis	lative management			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business	he/she i			Amour	ıt of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch		or pros	pective state contractor	Yes V No			\$20.00
If yes, list Event # V No branches of government the contract is with:	☐Ex	ecutive	e Legisl	ative [V] NO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 04/30/2023	Aggregate contributions \$20.00			
						,	

\$270.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from Small Co (See instructions for definition of Small Con		Period O	NLY	Subtotal	Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Indi	viduals				
Last Name			First						M.I.
Salina			Ada	am					P
Residential Street Address		City					State	Zip Code	
95 Spicewood Lane		Berlin					CT	06037-2	2831
Principal Occupation Government Relations			I	of Employe ak & Salii					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l		s associated			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	-	-		∐ res ✓No			\$250.00
Method of contribution: Cash Personal Check Credit/Deb	contract is with:		ecutiv er	Date Rec 06/29/2	1	Aggregate contributions \$750.00	-		
Last Name			First	i	<u></u>				M.I.
WOJCIK			JO	SHUA					
Residential Street Address		City					State	Zip Code	
131 Grand View Terrace 131 Grand \	/iew Ter	Brookly	'n				CT	06234	
Principal Occupation State employee			1	of Employe e of ct	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business		is associated			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a state If yes, indicate which branch of branches of government the	or	or pros		e contractor	∐ 1es ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Det	contract is with:	Money Ord		Date Rec 04/17/2	eived	Aggregate contributions \$100.00	1		
Last Name	,		Firs	t					M.I.
Schain			De	nnis					S
Residential Street Address 245 Redwood Rd		City Manche	ester				State CT	Zip Code 06040-	6333
Principal Occupation Retired			Name Reti	of Employ red	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she	is associate			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch of		or pro	spective stat	e contractor	r? ☐ Yes ☑ No			\$50.00
If yes, list Event #	branches of government the contract is with:	Ех	ecutiv		Legisl	ative [V] NO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Det	oit Card Payroll Deduction	Money Orc	ier	Date Rec 06/27/2		Aggregate contributions \$100.00	ı		

\$400.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	de Comple	ete Name as I	Registered with	Filing Repos	sitory)			TYPE OF REPO	ORT			
Arunan for Hartford						-		July 10 filing		<u>.</u>		
A. Total Contributions from S	Small Co	ntributors :	Received th	nis Period C	NLY							***
(See instructions for definition of S	inall Cont	ributor)				Subtota	I Section A					\$0.00
			B. Itemized	l Contribut	ions f	from Inc	lividuals					
Last Name					Firs	it					·	M.I.
Michel					Be	rnie						
Residential Street Address				City						State	Zip Code	
174 Sigourney St				Hartfor	d					CT	06105-1	908
Principal Occupation					I	e of Emplo	yer				•	
Retired					Reti	ired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	municipal		itor or business	he/she			executive officer of a a contract with said No	a	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes	If yes, indi	r a principal of a cate which branc f government the	ch or	·			∐ res ✓ No				\$25.00
If yes, list Event #	_	contract is		E	xecutiv		Legisl	ative				
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card F	ayroll Deduction	Money Or	der	Date Re 06/28/		Aggregate contribe	utions 25.00			
Last Name					Firs	st						M.I.
Simpson					Ge	eoffrey						
Residential Street Address				City						State	Zip Code	,
2407 15th St NW, Apt 609				Washir						DC	20009-4	137
Principal Occupation Campaigns Director					1	e of Emplo tice Derr						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	municipa		itor or business	he/she			executive officer of a contract with said No		Amoun	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes		r a principal of a icate which branc		r or pro	spective sta	ite contracto	i es				\$250.00
If yes, list Event #	√ No		f government the		xecutiv	ve	Legisl					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t CardF	ayroll Deduction	Money Or	der	Date Re 06/26		Aggregate contrib				
Last Name	<u> </u>				Firs	st						M.I.
Woulfe					Jai	mes						E
Residential Street Address				City						State	Zip Code	
2 Columbia St				Hartfor	_					СТ	06106-1	312
Principal Occupation Insurance Executive					1	e of Emplo velers	yer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	municipa		utor or business	he/she	is associate		executive officer of a contract with said No		Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	If yes, ind	r a principal of a icate which brand f government the with:	ch or	r or pro	-	nte contracto	∐ res				\$150.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	1	Payroll Deduction	Money Or	der	Date Re 06/30		Aggregate contrib	utions 50.00			

\$425.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A-K)

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B. Itemized Contributions from Individuals East Name	NAME OF COMMITTEE (Provide Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT		do de más soci Se do certos	
See instructions for definition of Small Contributions	Arunan for Hartford July 10 filing								
Satish S	A. Total Contributions from Small Contr	ributors - Received this	Period O	NLY					
Last Name Residential Street Address First Joanne Ciry Hartflord Coupation Name of Employer The Interior Edge	(See instructions for definition of Small Contrib	butor)			Subtotal Section A	\$ \			\$0.00
Residential Street Address		B. Itemized C	ontributi	ons fr	om Individuals				
Residential Street Address 56 ArYor St, Ste 218 State Zip Code CT O6106-1224	Last Name			First					M.I.
First Lee State Aggregate contribution Aggregate contr	Riley			Joar	ine				
Principal Occupation Interior Designer Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No No No No No No No N	Residential Street Address		City				State	Zip Code	
Interior Designer Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No	56 Arbor St, Ste 218		Hartford	ł			CT	06106-1	1224
Scontribution a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N									
Amount of Contribution Amount of Contribut	Interior Designer			the tr	iterior Edge				
event reported in Section L1? yes, indicate which branch or branches of government the contract is with: Method of contribution:	dependent child of a lobbuist?	municipality does contributor	or business 1		associated with have	a contract with said	Amoun	t of Cont	ribution
State Brown Branches of government the contract is with: Excutive Legislative Legislativ	quant reported in Section L12	• •		or prosp	ective state contractor	? Yes			ቀ37 ሰብ
Cash	✓ No	branches of government the		ecutive	Legisla	✓ No			\$37.00
Residential Street Address Residential Street Address		ard Payroll Deduction	Money Orde						
Residential Street Address 71 Sycamore Rd Principal Occupation Program Lead Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Method of Contribution: Cash Name Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Method of Contribution: Cash Name Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Method of Contribution: Cash Name Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Money Order Martin Martin State Zip Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 State City Code CT O6117-2845 St	Last Name			First					M.I.
71 Sycamore Rd Principal Occupation Program Lead Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, instite Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Method of contribution: Cash Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Residential Street Address Name of Employer UCOnn Name of Employer UCConn Amount of Contribution a sasociated with have a contract with said municipality valued at more than \$5,000? Yes No Becutive Legislative Aggregate contributions Payroll Deduction Money Order Pirst Martin State Zip Code	Reynolds			Lee					
Principal Occupation Program Lead Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Martin Name of Employer UConn Name of Employer UConn Amount of Contribution associated with an event with said municipality valued at more than \$5,000? Yes Vo No State Side Zip Code	Residential Street Address			•	7		State	Zip Code	
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes No Yes No Yes		West H	artford			CT	06117-2	2845	
dependent child of a lobbyist? Indicate which branch or branches of government the contract with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order McDermott Martin			l						
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name McDermott Residential Street Address S250 Aggregate contributions 06/27/2023 \$250.00 MAITIN Tes Yes Yes \$250.00	dependent child of a lobbuist?	municipality does contributor	or business l		associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name McDermott Residential Street Address Contract is with: Executive Legislative Date Received 06/27/2023 \$250.00 Aggregate contributions \$250.00 MAITIN Date Received 06/27/2023 \$250.00 MAITIN Date Received 06/27/2023 \$250.00 MAITIN MILIANIA State Zip Code	event reported in Section L1?	If yes, indicate which branch or		or prosp	ective state contractor	res			\$250.00
Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 06/27/2023 \$250.00 Last Name First M.I. McDermott Martin Residential Street Address City State Zip Code	If yes, list Event #		□Ex	ecutive		ative			
McDermott Martin Residential Street Address City State Zip Code	Cash Personal Check Credit/Debit Co	ard Payroll Deduction	Money Ord	ег					
Residential Street Address City State Zip Code				First					M.I.
	McDermott			Mart	in				
170 Centre St			1 '			1-1001			
			Willton				MA	02186-3	3338
Principal Occupation Teacher Name of Employer Milton academy				l					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	dependent shild of a lobburst?	municipality does contributor	or business l		associated with have	a contract with said	Amoun	t of Cont	ribution
	event reported in Section L1?			or prosp	ective state contractor	☐ Yes			\$100.00
If yes, list Event # branches of government the contract is with: Executive Legislative	If yes, list Event #	branches of government the		ecutive	Legisla	ative / No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order Date Received 06/07/2023 \$100.00		ard Payroll Deduction	Money Ord	er					

SUBTOTAL Section B - This Page	\$387.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford July 10 filing									
A. Total Contributions from S	Small Co	itributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Morgan				Mic	key				
Residential Street Address			City				State	Zip Code	
468 N Flores 468 North St			Laton				CA	90048	
Principal Occupation					of Employer				
teacher			!	www	.chiapasproject.c	com			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the contribution of the contribution of the contribution of the contribution of the contribution of the contribution is in excess of the co	or business I	ndidate he/she i	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$200.00
If yes, list Event #	✓No	If yes, indicate which branch o branches of government the contract is with:		ecutiv	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/13/2023	Aggregate contributions \$400.00			
Last Name			•	First			1		M.I.
Nunez				Pau	al				R
Residential Street Address			City				State	Zip Cođe	
70 Marvel Rd			New Ha	aven			СТ	06515-2	2118
Principal Occupation Lobbyist				1	of Employer ino, Nuñez and E	Biggs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a sta If yes, indicate which branch of		or pros	pective state contracto	L i es			\$200.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	ler	Date Received 06/20/2023	Aggregate contributions \$200.00			
Last Name				Firs					M.I.
Yogakumar				Kai	nthiah				
Residential Street Address			City		·		State	Zip Code	–
2845 Royston Pl			Beverly	_			CA	90210-1	1017
Principal Occupation CFO					of Employer ywood Forever				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	r or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a sta		or pros	spective state contracto	r? ☐ Yes ☑ No			\$500.00
If yes, list Event #		branches of government the contract is with:	E	cecutiv	e Legisl	ative —			
Method of contribution: Cash Personal Check ✓	Credit/Deb	it Card Payroll Deduction	Money Ord	ier	Date Received 04/02/2023	Aggregate contributions \$500.00	1		

SUBTOTAL Section B - This Page	\$900.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Prov	ide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing	<u> </u>		
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY		=			
(See instructions for definition of a	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		· ·		Firs	t		 		M.I.
Thiagarajah				Ch	itta				
Residential Street Address			City				State	Zip Code	
3333 Camino Del Sur	····	1106-10-1	Lancast				CA	93536-2	2834
Principal Occupation Physician				1	e of Employer ta Thiagarajah				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	∐ res ✓ No			\$800.00
Method of contribution: Cash Personal Check	Credit/Debi	contract is with:	Money Ord		Date Received 06/28/2023	Aggregate contributions \$1,000.00			
Last Name				Firs	t		•		M.I.
Shah				Su	dhir				Α
Residential Street Address			City				State	Zip Code	
20 Nuthatch Knob		· · · · · · · · · · · · · · · · · · ·	Glaston	Ť			CT	06033-1	1360
Principal Occupation Retired				Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business 1				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	Yes			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	✓ No ative			
Method of contribution; ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 06/28/2023	Aggregate contributions \$50.00			
Last Name				Firs	1				M.I.
Sentner				Fra	ank				Х
Residential Street Address 21 A Capitol Ave			City Hartford	j			State CT	Zip Code 06106-1	1707
Principal Occupation Consultant				•	of Employer twood Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	•	_	∐ res ✓ No			\$100.00
If yes, list Event #	<u></u>	contract is with:	Ех	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 04/30/2023	Aggregate contributions \$550.00			

SUBTOTAL Section B - This Page	\$950.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing	Reposito	ory)		TYPE OF REPORT			
Arunan for Hartford	<u> </u>	4, 47			July 10 filing			
A. Total Contributions from Small Contributors	- Received this Per	iod ON	ILY		-			
(See instructions for definition of Small Contributor)			Sı	ubtotal Section A				\$0.00
	B. Itemized Cont	ributio	ns fro	m Individuals				
Last Name		T	First					M.I.
Sentner			Frank	•				Х
Residential Street Address	Cit	ty				State	Zip Code	
21 A Capitol Ave	Ha	artford				CT	06106-1	707
Principal Occupation		- 1		Employer				
Consultant			Sentwo	ood Consulting				
dependent child of a lobbyist?	ibution is in excess of \$400 pality does contributor or bu pality valued at more than \$	isiness he				Amoun	t of Contr	ibution
	tor a principal of a state con	ntractor or	r prospec	ctive state contractor	? Yes			\$100.00
event reported in Section L1? If yes, in	dicate which branch or of government the				✓ No			φ ιυυ.υυ
If yes, list Event # contract i		Exec	cutive	Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Mor	ney Order		Date Received 06/28/2023	Aggregate contributions \$550.00			
Last Name			First	·	,			M.I.
Roncari		1	Gilda					
Residential Street Address	Cit	ty				State	Zip Code	
34 Kenmore Rd	BI	oomfie	eld			СТ	06002-2	111
Principal Occupation				Employer				!
Development Director			Hamo	rd Public Library	/			
dependent child of a lobbyist? Manunicip	ibution is in excess of \$400 pality does contributor or bu pality valued at more than \$	usiness he				Amoun	t of Contr	ribution
event reported in Section L1?	tor a principal of a state con idicate which branch or	ntractor o	or prospe	ctive state contractor	? ✓ Yes			\$50.00
	of government the	Вхес	cutive	Legisla	ative No			
Method of contribution:	Inи р. д. г. г. П. г.		- 1	Date Received	Aggregate contributions			
	Payroll Deduction Mod	ney Order		05/08/2023	\$350.00	<u> </u>		
Last Name		ļ	First					M.I.
Roncari			Gilda	:		·	I	
Residential Street Address	Ci	_{ty} loomfie	714			State	Zip Code 06002-2	0444
34 Kenmore Rd Principal Occupation	101			Employer		101	00002-2	
Development Director		- 1		rd Public Librar	У			
dependent child of a lobbyist? Manualici	ibution is in excess of \$400 pality does contributor or by pality valued at more than \$	usiness he				Amoun	ıt of Conti	ribution
Yes	tor a principal of a state con	ntractor o	or prospe	ctive state contractor	? Yes			\$100.00
VN0 hranches	ndicate which branch or of government the	_			— □No			φ
If yes, list Event # contract		ШЕхе	cutive	Legisla	ative —	1		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Mo	ney Order	1	Date Received 06/28/2023	Aggregate contributions \$350.00			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>							

\$250.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide)	Complei	te Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from Sma See instructions for definition of Sma			Period O		Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name				First					M.I.
Vega				Kevi	n				
Residential Street Address			City				State	Zip Code	004
25 Pawtucket St			Hartford				CT	06114-1	061
Principal Occupation Site Manager					of Employer Corporate Servi	ces Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business b				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #]Yes]No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp		∐ Tes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit	contract is with: Card Payroll Deduction	Money Orde	Τ	Date Received 05/22/2023	Aggregate contributions \$100.00			
Last Name		- Common mark		First	·				M.I.
Pires				Phili	p				
Residential Street Address			City				State	Zip Code	
69 Stoneleigh Rd			Fairfield	i			CT	06825-1	410
Principal Occupation Attorney				l	of Employer In and Wolf, P.C.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more tl	or business l	ndidate o he/she is	committee for a chief of a ssociated with have Yes	executive officer of a a contract with said No	Amour	ıt of Conti	ibution
event reported in Section L1?]Yes]No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp	_	☑ No	\$100.0		
Method of contribution: Cash Personal Check Cree	edit/Debit	contract is with: Card Payroll Deduction	Money Ord	ļ	Date Received 04/18/2023	Aggregate contributions \$100.00			
Last Name		, , , , , , , , , , , , , , , , , , , ,		First			·		M.I.
Rutledge				Pey	ton				
Residential Street Address 9 Alexis Dr			City Bolton				State CT	Zip Code 06043-7	7843
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she is			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a state If yes, indicate which branch of		or prosp	pective state contractor	r?			\$10.00
If yes, list Event #	וייי	branches of government the contract is with:	Ex	ecutive	<u> </u>	ative Live			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debi	t Card Payroll Deduction	Money Ord	ler	Date Received 06/27/2023	Aggregate contributions \$60.00			

\$210.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from S	mall Co	tributors - Received this	Period O	NLY		:	***************************************		
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First				7	M.I.
Statchen				Rol	pert				
Residential Street Address			City	1			State	Zip Code	
57 Briar Patch Rd			Stoning	ton			СТ	06378-2	2403
Principal Occupation	•			ı	of Employer			•	
Law Professor				Wes	tern New Englan	d University School	of Law		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section 1.1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$100.00
If yes, list Event #	✓No	If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisl	ative No			φ100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 05/25/2023	Aggregate contributions \$100.00			
Last Name				Firs	1				M.I.
Sullivan				Bria	an				М
Residential Street Address			City				State	Zip Code	
39 Dartmouth Ave			West H				CT	06110-1	210
Principal Occupation Lobbyist			_	•	of Employer bysz + Associate	s Government Affai	rs		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	res			\$100.00
If yes, list Event #	✓No	branches of government the contract is with;	☐Ex	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	ет	Date Received 06/26/2023	Aggregate contributions \$100.00			
Last Name				Firs	i				M.I.
Morales				An	gel				
Residential Street Address			City				State	Zip Code	
PO Box 261132			Hartford	···			СТ	06126-1	132
Principal Occupation Outreach Liaison				Name MD(of Employer				,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	r? Yes			\$50.00
If yes, list Event #	√ No	branches of government the contract is with:	—	ecutiv		ative No			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	ег	Date Received 05/23/2023	Aggregate contributions \$50.00	Province of the second of the		_

\$250.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford J				July 10 filing				
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con-	(ributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions fi	om Individuals				
Last Name			First				·	M.I.
Salner			Mat	thew				
Residential Street Address		City				State	Zip Code	
30 Outlook Ave, Apt 306		West H				СТ	06119-1	456
Principal Occupation Product Development				of Employer a Healthcare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more d	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a state If yes, indicate which branch of branches of government the	£		_	∐ res ☑No			\$100.00
### Method of contribution: Cash Personal Check	contract is with:		ecutive	Date Received 05/02/2023	Aggregate contributions \$100.00			
Last Name]	First		Ψ100,00			M.I.
Vogt			She					L
Residential Street Address		City				State	Zip Code	1
283 Barrett Hill Rd		Brookly	'n			CT	06234-1	502
Principal Occupation Veterans Liaison			1	of Employer ford HealthCare				
			narii	oru nearincare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	te contractor	or pros	pective state contractor	? Yes			\$50.00
event reported in Section L1? If yes, list Event #	If yes, indicate which branch o branches of government the		ecutiv	a 🔲 Lagiale	✓ No			φυσισσ
Method of contribution:	contract is with:		ecunv	E Legisla Date Received	Aggregate contributions			
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	ler	06/29/2023	\$50.00			
Last Name			First	<u> </u>				M.I.
Thambiah			Log	ja .				С
Residential Street Address		City	•			State	Zip Code	•
2559 Canterbury Ln, # F113		Simi Va				CA	93063-0)455
Principal Occupation Compliance Officer				of Employer Care Assurance C	Company			
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she i			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state of the state of government the	or	•		∐ res ✓No			\$100.00
	contract is with:		ecutiv	e Legisla Date Received	Aggregate contributions	-		
Method of contribution: Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ler	06/27/2023	\$425.00			

\$250.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Com	olete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford		· · · · ·			July 10 filing		· · · · · · · · · · · · · · · · · · ·	
A. Total Contributions from Small C (See instructions for definition of Small Co		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized C	Contributi	ions fi	rom Individuals				
Last Name			First					M.I.
Page			Tho	mpson				G
Residential Street Address		City				State	Zip Code	
226 Kenyon St		Hartford				CT	06105-2	2240
Principal Occupation Attorney			1	of Employer Center for Anima	l Litigation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality dags sometitudes	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state of the	or	or prosp	<u></u>	∐ 1 es ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Do		Money Ord	ler	Date Received 05/25/2023	Aggregate contributions \$600.00			
Last Name			First					M.I.
Russell			lan					A
Residential Street Address		City				State	Zip Code	
105 Oak St, Apt C		Windso				CT	06096-1	1881
Principal Occupation Staff Writer			1	of Employer /oodoo Interactiv	e, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	punicipality does contributer	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or pros	pective state contractor	i es			\$50.00
If yes, list Event #	branches of government the contract is with:	☐Ex	ecutive					
Method of contribution: Cash Personal Check ✓ Credit/Do	ebit Card Payroll Deduction	Money Ord		Date Received 06/30/2023	Aggregate contributions \$150.00			
Last Name			First					M.I.
Sutherland			Tar	nia				N
Residential Street Address 825 Town Colony Dr		City Middlet	own			State CT	Zip Code 06457-5	5917
Principal Occupation Administrator-Educator/Artist			1	of Employer d Worldwide				
Is contributor a lobbyist, spouse, or Ye dependent child of a lobbyist?	anniainalitu daga agatailantaa	or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or			∐ 1es ✓ No			\$50.00
If yes, list Event # Method of contribution: Cash Personal Check Credit/D	contract is with:	Ex ☐ Money Ord	ecutive	Date Received	Aggregate contributions			
	Frayion Dediction	Twoney Ord	ici	04/28/2023	\$100.00			

\$200.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford			· · ·	July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contributi	ons fi	om Individuals				
Last Name		First			•	•	M.I.
Norton		Allis	son				
Residential Street Address	City				State	Zip Code	
115 Ridge Rd	Wethers	sfield			CT	06109-1	043
Principal Occupation Faculty		ı	of Employer ford international	university			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a standard principal of a s	or	or pros		∐ 1es ✓No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/11/2023	Aggregate contributions \$400.00			
Last Name		First			•		M.I.
McCurdy		Eve	erton				s
Residential Street Address	City	· L —————			State	Zip Code	'
2175 Boulevard	West H	,			CT	06107-2	2607
Principal Occupation Banker		Name AEF	of Employer CU				
Is contributor a lobbyist, spouse, or	or or business l				Amoun	t of Cont	ribution
l res	If yes, indicate which branch or branches of government the				\$100.0		\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 05/02/2023	Aggregate contributions \$100,00			
Last Name		First			•		M.E.
Vallam		Tej	al				
Residential Street Address 45 Andover Dr	City Rocky I	Hill			State CT	Zip Code 06067-	1733
Principal Occupation Self employed		Name Oris	of Employer Sa				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or pros		∐ res ✓No	***************************************		\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 06/30/2023	Aggregate contributions \$100.00)		

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing		***************************************	
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	- Received this Period O		al Section A				\$0.00
	B. Itemized Contributi		and the second of the second				
Last Name	D. Remizea Contributi	First	uriuums .		44-(mail- x 4/4/-	1.3 (§ 5.03 km) 1.3 (1.3 m)	M.I.
Trister		Jon					
Residential Street Address	City	3011			State	Zip Code	
81 Woodland St	Newing	ton			CT	06111-2	362
Principal Occupation	13	Name of Emplo	over				
Government Affairs		CID					
dependent child of a lobbyist? municip	bution is in excess of \$400 to a car ality does contributor or business ality valued at more than \$5,000?				Amoun	t of Conti	ribution
event reported in Section L1? If yes, in branches If yes, in branches	or a principal of a state contractor dicate which branch or of government the	or prospective st	ate contractor	☑ Tes ✓ No			\$50.00
Method of contribution:	Payroll Deduction Money Ord	Date R	eceived 0/2023	Aggregate contributions \$50.00			
Last Name		First	•				M.I.
Vogel		Michael					s
Residential Street Address	City	1			State	Zip Code	
580 Cherry Brook Rd	Canton				CT	06019-5	012
Principal Occupation Attorney		Name of Emplo Allegaert B	• •	gel LLP			
dependent child of a lobbyist? IN municip	bution is in excess of \$400 to a ca ality does contributor or business ality valued at more than \$5,000?	he/she is associa			Amoun	t of Conti	ribution
event reported in Section L1? Ltes If yes, in	or a principal of a state contractor dicate which branch or of government the	or prospective st	late contractor	∐ tes ✓ No			\$50.00
Method of contribution:	Payroll Deduction Money Ord	Date R	eceived 3/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Wiseman		Sandy					W
Residential Street Address	City Hartford	- 			State CT	Zip Code 06105	
968 W 968 West Blvd	Hanton				C1	00103	
Principal Occupation Retired		Name of Emple Retired	oyer				
dependent child of a lobbyist? municip	ibution is in excess of \$400 to a ca vality does contributor or business vality valued at more than \$5,000?	he/she is associa			Amoun	t of Cont	ribution
event reported in Section L1? If yes, in	tor a principal of a state contractor dicate which branch or of government the	or prospective s	tate contractor	?			\$10.00
If yes, list Event # branches contract i		recutive	Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Money Ord	l l	eccived 0/2023	Aggregate contributions \$35.00			

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide	Complete.	Name as Registered with Fil	ing Reposi	itory)		TYPE OF REPORT		MAYON SUNIVERSI	
Arunan for Hartford						July 10 filing			
A, Total Contributions from Sm	all Contr	ibutors - Received this	Period O	NLY					
(See instructions for definition of Smo	all Contrib	utor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name	• • •	- (First					M.I.
Smith				Allar	า				
Residential Street Address			City	1			State	Zip Code	
112 Old Main St			Rocky F	,			CT	06067-1	504
Principal Occupation Realtor				1	of Employer Shire Hathaway F	lomeServices NE F	rops		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business 1				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	_ res	s contributor a principal of a state If yes, indicate which branch or branches of government the			_	✓ No			\$100.00
If yes, list Event #		contract is with:	∐Ex	ecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit C	ard Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$100.00)		
Last Name				First					M.I.
Ponnambalam				Ana	ndaraj				L
Residential Street Address			City				State	Zip Code	
109 Taormina Ln			Ojai	1			CA	93023-3	3629
Principal Occupation Retired				Retire	of Employer Ə d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business				Amoun	ıt of Cont	ribution
Is this contribution associated with an	Yes L	s contributor a principal of a stat	e contractor	or prost	ective state contractor	? Yes			\$50.00
event reported in Section L1? If yes, list Event #	No	If yes, indicate which branch o branches of government the contract is with:	_	ecutive	Legisla	ative No			φυσ.σσ
Method of contribution: Cash Personal Check / Cro	edit/Debit C		Money Ord	ler	Date Received 04/02/2023	Aggregate contributions	-		
Last Name]	First	04/02/2020	φ100.00	<u>′1 </u>		M.I.
					ındaraj				L
Ponnambalam Residential Street Address			City	Alla	muaraj		State	Zip Code	E
109 Taormina Ln			Ojai				CA	93023-	3629
Principal Occupation			,	Name	of Employer	<u> </u>	1	1	
Retired				Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she is			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes I	s contributor a principal of a state If yes, indicate which branch o branches of government the	ır	•	<u></u>	∐ res ✓ No			\$50.00
If yes, list Event #		contract is with:	∐Ех	cecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit C	ard Payroll Deduction	Money Ord	ler	Date Received 05/07/2023	Aggregate contributions \$100.00			

\$200.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Prov.	ide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	Š.			\$0.00
		B. Itemized C	Contributi	ons f	rom Individuals				
Last Name				First					M.I.
Silvers				Ber	nadine				
Residential Street Address			City	.l			State	Zip Code	
52 S Prospect St, Apt P			Hartford	i			СТ	06106-5	124
Principal Occupation Retired				Name Retir	of Employer 'ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business 1				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	г			∐ res ✓ No			\$25.00
If yes, list Event # Method of contribution: Cash Personal Check □	Credit/Debit	contract is with: Card Payroll Deduction	Money Ord	ecutiv	Date Received 04/13/2023	Aggregate contributions \$75.00			
Last Name				First			<u> </u>		M.I.
Simmons				Car	1a				D
Residential Street Address			City	1			State	Zip Code	
30 Woodland St, Apt 3A			Hartford	ł			СТ	06105-2	2303
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	168			\$50.00
If yes, list Event #	✓No	branches of government the contract is with:	Exc	ecutiv	eLegisl	✓ No ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	ет	Date Received 05/25/2023	Aggregate contributions \$150.00	and the same of th		
Last Name				First					M.I.
Rodriguez -Porter				Cui	tis				
Residential Street Address			City				State	Zip Code	
20 Ansonia St			Hartford				СТ	06114-1	701
Principal Occupation Education				CRE	of Employer C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	? Yes			\$25.00
If yes, list Event #	<u></u>	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$125.00			

\$100.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	Control of the Anthon Control of the				July 10 filing		· ·	
A. Total Contributions from Small Con (See instructions for definition of Small Cont		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions f	rom Individuals				
Last Name			First					M.I.
Sageman			Dav	/id				R
Residential Street Address		City				State	Zip Code	,
157 Oxford St		Hartford	<u> </u>			CT	06105-2	2515
Principal Occupation Retired			Name Retir	of Employer 'ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		∐ Tes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi		Money Ord	ler	Date Received 04/30/2023	Aggregate contributions \$600.00			
Last Name			First			•		M.I.
Robinson			Da	vid				
Residential Street Address		City				State	Zip Code	
21 Ledyard Rd		West H	artfor	d		СТ	06117-	1712
Principal Occupation Attorney			1	of Employer Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r —	or pros		∐ Tes ✓ No			\$250.00
Method of contribution: Cash Personal Check Credit/Debi		Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$550.00			
Last Name			Firs	t				M.I.
Reiss			Ke	lley				
Residential Street Address		City				State	Zip Code	
311 Quaker Ln S		West H				CT	06119-	2220
Principal Occupation Counselor			1	of Employer brook				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she	is associated with have	a contract with said No	Amou	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the state of government the	or	-	_	∐ Tes ✓ No			\$200.00
Method of contribution:	contract is with:	Money Ord	tecutiv	Date Received	ative Aggregate contributions			
Cash Personal Check Credit/Deb	n Card Frayron Deduction	_ Intolley Ord	1101	06/28/2023	\$400.00	1		

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Co (See instructions for definition of Small Com		Period O	NLY	Subtotal Section	A			\$0.00
	B. Itemized C	ontributi	ions f	rom Individuals				
Last Name			First			·····		M.I,
Zelman			Nat	alie				
Residential Street Address		City				State	Zip Code	
29 Overlook Dr		Southbo	oroug	h		MA	01772-	1252
Principal Occupation Tech			Name Tech	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch of branches of government the		or pros	pective state contracto	r? Yes ✓ No			\$200.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 04/03/2023	Aggregate contributions \$200.00			
Last Name			First					M.I.
Sivanesan			Rei	nuka				В
Residential Street Address		City				State	Zip Code	
5175 Latrobe Dr		Winder	,] FL	34786-	3959
Principal Occupation Retired			Name Retii	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or pros	pective state contracto	r? ☐ Yes ✓ No			\$25.00
If yes, list Event #	contract is with:	☐Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 04/02/2023	Aggregate contributions \$25.00			
Last Name			First					M.I.
Schooley			Sco	ott		•		
Residential Street Address 6 Woodside Cir		City Hartford	d			State CT	Zip Code 06105-	1119
Principal Occupation Investment			1	of Employer dside Capital Ma	anagement	•	•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?						\$250.00		
If yes, list Event # Method of contribution:	branches of government the contract is with:	Ex	ecutiv					
Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$750.00)		

SUBTOTAL Section B - This Page	\$475.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name of	is Registered with Filing Reposi	tory)	TYPE OF REPORT			
Arunan for Hartford		<u> </u>	July 10 filing			
A. Total Contributions from Small Contributo	rs - Received this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
	B. Itemized Contributi	ons from Individuals				
Last Name		First				M.I.
Smith		Sheldon				Α
Residential Street Address	City			State	Zip Code	
249 Lawrence St	Hartford]		CT	06106-1	430
Principal Occupation		Name of Employer				
Attorney		DHS				
dependent child of a lobbyist?	tribution is in excess of \$400 to a car ipality does contributor or business l ipality valued at more than \$5,000?			Amoun	t of Conti	ribution
I IYES I	utor a principal of a state contractor	or prospective state contractor	? Yes			\$50.00
event reported in Section L1? If yes, branche	indicate which branch or s of government the		. V No			φυσυ.σσ
	t is with:	ecutive Legisla	ttive			
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐	Payroll Deduction Money Ord	Date Received er 06/14/2023	Aggregate contributions \$250.00			
Last Name		First		•		M.I.
Wolfe		Emily				
Residential Street Address	City			State	Zip Code	
596 Broadview Ter	Hartford			CT	06106-4	1008
Principal Occupation		Name of Employer Sheldon Oak Central,	Inc			
Non profit manager		Shedon Oak Central,	mo.			
dependent child of a lobbyist? The munic	tribution is in excess of \$400 to a ca sipality does contributor or business sipality valued at more than \$5,000?			Amoun	t of Cont	ribution
Yes	outor a principal of a state contractor indicate which branch or	or prospective state contractor	∐ i es			\$100.00
	es of government the Ex	ecutive Legisla	√ No ative			
Method of contribution:		Date Received	Aggregate contributions			
Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Ord	ler 05/16/2023	\$100.00			
Last Name		First				M.I.
Ramirez		Jose				J
Residential Street Address	City			State	Zip Code	
105 Haven Ave, Apt 3B	Hartfor			CT	06103	
Principal Occupation Developer		Name of Employer Hartford Lofts				
dependent child of a lobbyist?	stribution is in excess of \$400 to a ca cipality does contributor or business cipality valued at more than \$5,000?	he/she is associated with have		Amour	ıt of Cont	ribution
event reported in Section L1? Yes If yes, branch	outor a principal of a state contractor indicate which branch or es of government the tis with:	or prospective state contractor secutive Legisle	∐ res ✓No			\$250.00
Method of contribution:	t ta witti.	Date Received	Aggregate contributions	}		
Cash Personal Check Credit/Debit Card	Payroll Deduction Money Ord		\$250.00			
	1 JAMES FT		*****	•		

\$400.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT				
Arunan for Hartford			July 10 filing						
A. Total Contributions from Small Co (See instructions for definition of Small Com		Period O	NLY	Subtotal Section A				\$0.00	
	B, Itemized C	ontributi	ons fi	rom Individuals					
Last Name			First					M.I.	
Urbank			Kat	harine				s	
Residential Street Address					State	Zip Code			
1726 17th St NW, Apt 101	Washington			DC	20009-2	2444			
Principal Occupation self-employed			l .	of Employer I Rescue US - DO	0				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	ution is in excess of \$400 to a candidate committee for a chief executive officer of a lity does contributor or business he/she is associated with have a contract with said lity valued at more than \$5,000? Yes Amount of Con				t of Conti	ribution		
Is this contribution associated with an event reported in Section L1? Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r			∐ res ✓ No	\$250.00			
Method of contribution: Cash Personal Check ✓ Credit/Debi	contract is with: t Card Payroll Deduction	Money Ord	ecutive er	Date Received 05/15/2023	Aggregate contributions \$250.00				
Last Name			First			I		M.I.	
Radin			Gre	: g				s	
Residential Street Address		City			·	State	Zip Code	I	
7 Sunningdale 411 John Downey Dr		Farming	gton			СТ	06032		
Principal Occupation Insurance restoration			1	of Employer ntic Restoration a	nd Remodeling Gro	up, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amount of Contribution			
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res	\$1,000.0			
If yes, list Event #	branches of government the contract is with:								
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 05/15/2023	Aggregate contributions \$1,000.00				
Last Name			First			_		M.I.	
Nixon			Hel	en				В	
Residential Street Address 19 Sunset Ter		City Hartford	4			State CT	Zip Code 06107-2	777	
Principal Occupation Retired		T I I I I I I I I I I I I I I I I I I I		of Employer ed			00107 2	.,0,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution	
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o	ributor a principal of a state contractor or prospective state contractor? Yes indicate which branch or \$100.00							
IJ yes, list Event #	branches of government the contract is with:	Ex	ecutiv						
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 05/08/2023	Aggregate contributions \$105.00				

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons f	om Individuals				
Last Name		First					M.I.
Nixon		Hel	en				В
Residential Street Address	City				State	Zip Code	•
19 Sunset Ter	Hartford				CT	06107-2	2737
Principal Occupation Retired		Name Reti	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the c	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r —	or pros	·	∐ les ✓ No			\$5.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Received 06/30/2023	Aggregate contributions \$105.00			
Last Name		First					M.I.
Noonan		Abi	gail				
Residential Street Address	City	.l	-		State	Zip Code	1
283 Oxford St	Hartford	d			CT	06105-2	2249
Principal Occupation User Experience research		ŧ .	of Employer elers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific production of the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality does contribution.	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes VNo Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the	ır —		_	☐ Tes ✓ No			\$100.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ecutiv ler	Date Received 05/07/2023	Aggregate contributions \$100.00	:		
Last Name		Firs			P.		M.I.
O'Halloran		Ry	an				
Residential Street Address 240 N Beacon St	City Hartford	d			State CT	Zip Code 06105-	2247
Principal Occupation Senior Development Officer	.1	1	of Employer ford Foundation f	or Public Giving	<u>r</u>	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sta If yes, indicate which branch of branches of government the		or pro	pective state contractor	?			\$100.00
If yes, list Event # branches of government the contract is with:	☐Ex	cecutiv	eLegisla	ative [v] 110			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 05/05/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$205.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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B. Itemized Contributions from Individuals Last Name Shortell Residential Street Address 60 Hyde Rd Principal Occupation Lobbyist Is contributor a principal by sevent # posted in Section L1? If yes with a contract with said municipality alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at more than \$5,000? Is this contribution associated with an parallely alwed at m	er (1994)
Subtotal Section A Subtota	
Shorted First Patrick Patric	0.00
Shortell Residential Street Address 60 Hyde Rd Principal Occupation Lobbyist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event of contract is with: Yes	
Residential Street Address 60 Hyde Rd Principal Occupation Lobbyist If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	.I.
So thributor a lobbyist, spouse, or dependent child of a lobbyist? Yes went reported in Section L1? Yes, indicate which branch or branches of government the contract is with: Date Received O5/04/2023 S100.00 Money Order Piret Money Order Piret Money Order Mone	
Principal Occupation Lobbyist Name of Employer	\neg
Lobbyist Hillside Strategies LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Voo Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Payroll Deduction Money Order First Paramananthan Residential Street Address 24300 Civic Center Dr, Apt 1012 Hillside Strategies LLC If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more than \$5,000? Voluments is associated with have a contract with said municipality valued at more tha	3
dependent child of a lobbyist? No	
event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Ord Last Name Paramananthan Residential Street Address 24300 Civic Center Dr, Apt 1012 Principal Occupation Yes Yes State Yes State Stock State	ition
Method of contribution:	00.00
Paramananthan Residential Street Address 24300 Civic Center Dr, Apt 1012 Principal Occupation State Zip Code 48033-2549 Name of Employer	
Residential Street Address 24300 Civic Center Dr, Apt 1012 Principal Occupation City Southfield Southfield Name of Employer State Zip Code 48033-2549	.I.
24300 Civic Center Dr, Apt 1012 Southfield MI 48033-2548 Principal Occupation Name of Employer	
Principal Occupation Name of Employer	
1	3
Retired Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes	ition
- 1 17 yes, indicate which branch of	50.00
If yes, list Event # branches of government the contract is with: Executive Legislative No	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 04/30/2023 \$75.00	
Last Name First M	.I.
Paramananthan Freda	
Residential Street Address City State Zip Code	
24300 Civic Center Dr, Apt 1012 Southfield MI 48033-254:	<u>, </u>
Principal Occupation Retired Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes You Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes	ıtion
No branches of government the	25.00
If yes, list Event # Contract is with: Executive Legislative	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 05/27/2023 \$75.00	

\$175.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
ି ର ୮೭୪.၁୭୪.୫	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY						
(See instructions for definition of Small Con	tributor)			Subtotal S	ection A				\$0.00
	B. Itemized C	ontributi	ons f	rom Indivi	iduals				
Last Name			First	1			•		M.I.
Shea			Ca	rey					
Residential Street Address		City			***		State	Zip Code	
7 Columbia St		Hartford	1				СТ	06106-1	313
Principal Occupation community activist			Name retire	of Employer					
			reun	eu 					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l			vith have a		Amoun	t of Conti	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	spective state c	ontractor	Yes			4400 00
event reported in Section L1? If yes, list Event #	If yes, indicate which branch of branches of government the contract is with:		ecutiv	re	Legisla	✓No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Deb		Money Ord	er	Date Receiv 04/28/20		Aggregate contributions \$200.00			
Last Name			First	t .					M.I.
Shea			Ca	rey					
Residential Street Address		City					State	Zip Code	
7 Columbia St	Hartford				CT	06106-1	313		
Principal Occupation community activist			Name	e of Employer ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l			vith have a		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		ontractor?	□ res √No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb		Money Ord		Date Receiv 06/22/20	ed	Aggregate contributions \$200.00			
Last Name			Firs	t					M.I.
Suchy			Joh	nn					J
Residential Street Address		City					State	Zip Code	
6 Sugarbush Ct		Wilton				<u> </u>	CT	06897-1	025
Principal Occupation Consultant			ı	of Employer Consulting	Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l			ith have a		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch of		or pros	spective state c	ontractor's	∐ Yes			\$100.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv		Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Dcb	it Card Payroll Deduction	Money Ord	er	Date Receiv 04/20/20		Aggregate contributions \$100.00			

\$300.0	SUBTOTAL Section B - This Page
\$123,568.0	TOTAL of Section B Pages
\$123,568.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Co.	mplete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small	Contributors - Received this	Period O	NLY					
(See instructions for definition of Small (Contributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fi	om Individuals		1000		
Last Name			First					M.I.
Smith			Mic	hael				
Residential Street Address		City				State	Zip Code	
228 Shadyside Ln		Milford				CT	06460-6	721
Principal Occupation			1	of Employer	t-14			
Lobbyist			Hom	e Smith Lutz & K	owaiski			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	it of Contr	ibution
event reported in Section 1.1?	es Is contributor a principal of a stat If yes, indicate which branch o branches of government the	ıΓ	•		∐ Tes ✓ No		;	\$100.00
If yes, list Event #	contract is with:	Ех	ecutiv	L 0	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/	Debit Card Payroll Deduction] Money Ord	ler	Date Received 04/17/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Otte			Tim	othy				J
Residential Street Address		City				State	Zip Code	
19 Vanderbilt Rd		West H				CT	06119-1	342
Principal Occupation Retired			Name Retii	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she i			Amour	ıt of Contr	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or pros	pective state contractor	r? ☐ Yes ✓ No			\$50.00
If yes, list Event #	branches of government the contract is with:	☐Ex	ecutiv	cLegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	/Debit Card Payroll Deduction	Money Ord	ler	Date Received 04/10/2023	Aggregate contributions \$100.00)		
Last Name			Firs					M.I.
Otte			Tin	nothy				J
Residential Street Address		City				State	Zip Code	
19 Vanderbilt Rd		West H	_			CT	06119-1	1342
Principal Occupation Retired			Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business	he/she			Amour	nt of Conti	ribution
event reported in Section L17	Is contributor a principal of a sta		or pros	pective state contracto	r?			\$50.00
If yes, list Event #	branches of government the contract is with:	☐Ex	cecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit	/Debit Card Payroll Deduction	Money Ore	der	Date Received 06/27/2023	Aggregate contributions \$100.00			

\$200.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections A-K) Page 111 of 151

Revised January 2015		I, MIONELANI	KECEL	LIO	(Secu	iuns A•IX)	* "5			13.
NAME OF COMMITTEE (Provi	de Complete	Name as Registered with Fi	ling Reposit	tory)			TYPE OF REPORT	50.00		
Arunan for Hartford							July 10 filing			
A. Total Contributions from S (See instructions for definition of S	Science and the second	butor)				al Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om In	dividuals				
Last Name		· · ·	, ,	First						M.I.
Munitz				Mar	tin					
Residential Street Address			City					State	Zip Code	
3 River Oaks Dr			Stamfor	d				CT	06902-1	1255
Principal Occupation Retired				Name (of Emplo ed	oyer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h					Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	г	or pros _i		tate contractor	∐ res ✓ No			\$100.00
Method of contribution: Cash Personal Check	Credit/Debit (Card Payroll Deduction	Money Orde	er		teceived 0/2023	Aggregate contributions \$100.00			
Last Name				First				<u> </u>		M.I.
Sherwin				Mar	.y					С
Residential Street Address			City	I				State	Zip Code	.1
200 Whitney St			Hartford					CT	06105-2	2269
Principal Occupation Retired				Name Retir	of Empl ed	oyer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business l					Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	or	or prosp ecutive		state contractor	∐ ies ✓No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit (Card Payroll Deduction	Money Orde	er		Received 6/2023	Aggregate contributions \$50.00			
Last Name				First						M.I.
Murray				Her	าry					-
Residential Street Address			City	<u> </u>				State	Zip Code	
200 Whitney Street 200 Whit	ney St		Hartford	1		•		СТ	06105	
Principal Occupation Attorney				l	of Empl gston	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business l					Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a sta If yes, indicate which branch o branches of government the contract is with:	or	or pros	-	state contracto	∐ 1es √No			\$50.00
Method of contribution:	Cradit/Dakit	Card Payroll Deduction	Money Ord	pr		Received	Aggregate contributions			

\$200.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT			
Arunan for Hartford	·			July 10 filing			
A. Total Contributions from Small Contributors - Received th (See instructions for definition of Small Contributor)	is Period O	NLY	Subtotal Section A				\$0.00
B. Itemized	Contribut	ions f	rom Individuals				
Last Name		First					M.I.
Mitchell		Ro	saline				J
Residential Street Address	City	,			State	Zip Code	
125 Holcomb St, Unit 3	Hartford				CT	06112-1	1512
Principal Occupation Retired		Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or	tor or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, indicate which branches of government the contract is with:	h or	or pros		∐ res ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 06/01/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Rosario	Jeannie						м
Residential Street Address	City				State	Zip Code	•
67 -55C 193Rd 67-55C Ln	Fresh N				NY	11365	
Principal Occupation Office Manager		1	of Employer otra Construction	& Development Cor	ъ		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more	tor or business				Amoun	at of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a surface of government the	h or		_	∐ res ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction		ecutiv ler	Date Received 06/12/2023	Aggregate contributions \$1,000.00			
Last Name		Firs			1		M.I.
Perez		Jef	frey				w
Residential Street Address 24 Lewis Rd	City Marlboi	<u>.i</u>			State CT	Zip Code 06447-	1549
Principal Occupation Retail store owner	•	1	of Employer DPark Food Corp)			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess dependent child of a lobbyist? No No municipality valued at mor	tor or business	he/she			Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or pros	pective state contracto	r?			\$500.00
If yes, list Event # Pranches of government the contract is with:	☐ Ex	ecutiv	eLegisl	ative [V] No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/13/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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See instructions from Small Contributions - Received this Period ONLY See instructions for definition of Small Contribution) Subtotal Section A \$0.00 B. Itemized Contributions from Individuals First Jeffrey W Residential Street Address 24 Lowis Rd Princing Occupation Residential Street Address 24 Lowis Rd Princing Occupation Residential Street Address 4 Lowis Rd Princing Occupation Residential Street Address 4 Lowis Rd Princing Occupation Residential Street Address 4 Lowis Rd Princing Occupation Residential Street Address Residential Stree	NAME OF COMMITTEE (Provide	e Comple	te Name as Registered with Fit	ing Reposi	tory)		TYPE OF REPORT			
Supplication Supplication of Small Contributions Supplication of Small Contribution Supplication Small Contribution Small Contributio	Arunan for Hartford						July 10 filing			
First Security S				Period O	NLY	Subtotal Section A				\$0.00
Period P		Single States	B. Itemized C	ontributi	ons fi	om Individuals				
Relidential Street Address City Marborough State CT 00447-1649 Plancies of Excuplation Retail store owner 1250 Park Food Corp 1250 Park Food Corp 1250 Park Food Corp 150 Park F	Last Name				First	· · · · · · · · · · · · · · · · · · ·				M.I.
Mariborough Section Section Lipsing Section Section Lipsing Section Section Lipsing Section Section Section Lipsing Section	Perez				Jeff	rey				w
Principal Occupation Refall store owner 1250 Park Food Corp					ough				1 -	540
Retail store owner 1250 Park Food Corp				Manbor		CP 1		O1	00447	1049
Secontification of a lobbyist? Secontification of business behale is associated with have a contract with aid a contract with aid a municipality whose dat more than \$\$5.000?							:			
Pyes, list Event # Payroll Deduction Payroll Deduction Money Order Date Received Appressate contributions		_	municipality does contributor	or business h		s associated with have	a contract with said	Amour	t of Cont	ribution
Method of contribution: Cash Personal Cheek Credit/Debit Card Payroll Deduction Money Order Off.2/3/2023 \$1,000.00	event reported in Section L1?	_	If yes, indicate which branch or branches of government the				∐ ies ✓No			\$500.00
Urana Espinal Wilson State Address City Rocky Hill		redit/Debi				Date Received	Aggregate contributions			
Residential Street Address 49 Highview Dr Principal Occupation Retail Store Owner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of contribution: City Rocky Hill Name of Employer 1250 Park Food Corp	Last Name		A CONTRACTOR OF THE CONTRACTOR		First			•		M.I.
## Highview Dr Principal Occupation Rocky Hill	Urena Espinal				Wil	son				
Principal Occupation Retail Store Owner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality does at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contributions State City Cast City	Residential Street Address							State	Zip Code	'
Retail Store Owner	49 Highview Dr			Rocky F	1111			СТ	06067-3	3616
Is this contribution associated with an end of a lobbyist? Is this contribution associated with an end of contribution associated with an end of contribution associated with an end of contribution associated with an end of contribution associated with an end of contribution associated with an end of contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor Yes					ı		•			
event reported in Section L1?		_	municipality does contributor	or business l		s associated with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution: Cash Personal Check Cedit/Debit Card Payroll Deduction Money Order 06/13/2023 \$500.00 Last Name Polanco Residential Street Address 210 Bradley St Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of contribution: Method of contribution: Date Received O6/13/2023 \$500.00 First Alejandro City East Hartford Name of Employer Retired Retired If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Method of contribution: Date Received Aggregate contributions Amount of Contribution \$200.00	event reported in Section L1?		If yes, indicate which branch o branches of government the	r			∐ 1es √No			\$500.00
Polanco Residential Street Address 210 Bradley St 210 Bradley St Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Alejandro City East Hartford Name of Employer Retired Name of Employer Retired Amount of Contribution State CT 06118-2344 Amount of Contribution State CT 06118-2344 Amount of Contribution State CT Vo 06118-2344 Amount of Contribution State CT Vo 06118-2344 Amount of Contribution State CT Vo 06118-2344 Amount of Contribution State CT Vo 06118-2344 Amount of Contribution State CT Vo 06118-2344 Amount of Contribution State CT Vo 06118-2344 Amount of Contribution State CT Vo No Legislative Date Received Aggregate contributions	Method of contribution:	redit/Debi		,		Date Received	Aggregate contributions	-		
Residential Street Address 210 Bradley St 210 Bradl	Last Name		· · · · · · · · · · · · · · · · · · ·		First					M.I.
210 Bradley St Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: East Hartford Name of Employer Retired Name of Employer Retired Amount of Contribution Principal Occupation Retired Yes	Polanco				Ale	jandro				
Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Date Received Aggregate contributions Amount of Contribution				į i	artford	i				2344
dependent child of a lobbyist? No	Principal Occupation			I .				<u> </u>	.1	
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: S200.00 \$200.00 Executive Legislative Date Received Aggregate contributions		Ld	municipality does contributor	or business		is associated with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution: Executive	event reported in Section L1?		If yes, indicate which branch o	r			☑ res			\$200.00
	If yes, list Event #			∐Ex	ecutiv	····	ative			
		redit/Debi	t Card Payroll Deduction	Money Ord	ler					

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered wi	ith Filing Repo	sitory)			TYPE OF REPORT		r Video de ploteiro Alijo. Aligo de la compositione de la compositione de la compositione de la compositione de la compositione de la comp	1500 (2001)
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Contributors - Received (See instructions for definition of Small Contributor)	this Period	ONLY	Subtotal S	Section A				\$0.00
B. Itemiz	ed Contribu	tions f	rom Indiv	iduals				
Last Name		Firs	t					M.I.
Urena		Wil	vin					
Residential Street Address	City					State	Zip Code	
153 Parsonage St	Rocky	' Hill				СТ	06067-2	2105
Principal Occupation			of Employer					
General manager grocery store		J&H	food Corp)				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution is in excemunicipality and the specific properties of the contribution is in exception of the contribution is in excemunicipality does contributed at no contribution is in exception of the contribution is in exception of the contribution is in exception of the contribution is in exception of the contribution is in exception of the contribution is in exception of the contribution is in exception of the contribution of the contribution is in exception of the contribution is in exception of the contribution of the contribution is in exception of the contribution of the c	ibutor or busines	s he/she		with have		Amout	at of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which braches of government to branches of government to the section of the	inch or	•			∐ res ✓No			\$500.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction		Executiv rder	Date Recei		Aggregate contributions \$1,000.00			
Last Name		Firs	t			•		M.I.
Urena		Wi	vin					
Residential Street Address	City					State	Zip Code	
153 Parsonage St	Rocky	Hill				CT	06067-2	2105
Principal Occupation General manager grocery store		- 1	of Employer food Corp					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in execution municipality does contribution is in execution municipality valued at r	ibutor or busines	s he/she		with have		Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of If yes, indicate which bra	anch or	or or pro	spective state	contractor	res			\$500.0
If yes, list Event #	heF	Executiv	e [Legisla	ntive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deducti	on Money O	rder	Date Recei		Aggregate contributions \$1,000.00)		
Last Name		Firs	t					M.I.
Santos		Le	andro					Α
Residential Street Address	City					State	Zip Code	
41 Byrd Rd	Wethe	ersfield				СТ	06109-	3006
Principal Occupation Restaurant owner		- 1	e of Employe sano Resta					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exemunicipality does contribution is in exemunicipality does contribution is in exemunicipality valued at 1	ibutor or busines	s he/she	is associated			Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which brown the section L1?	anch or	or or pro	spective state	contractor	res			\$500.0
If yes, list Event # branches of government to contract is with:	the 🔲 I	Executiv	re [Legisla	✓ No ative			
Method of contribution:			Date Rece	ived	Aggregate contributions	1		

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Arunan for Hartford			·····		July 10 filing		·		
A. Total Contributions from Small Contril	outors - Received this l	Period O	NLY						
(Sec instructions for definition of Small Contribut	tor)			Subtotal Section A				\$0.00	
	B. Itemized C	ontributi	ons fr	om Individuals					
Last Name			First					M.I.	
Santos			Lear	ndro				A	
Residential Street Address		City	1			State	Zip Codc		
41 Byrd Rd		Wethers				CT	06109-3	3006	
Principal Occupation Restaurant owner			ı	of Employer Ino Restaurant					
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more th	or business l				Amoun	t of Cont	ribution	
event reported in Section L1? Yes Yes	ontributor a principal of a state yes, indicate which branch or ranches of government the	r	or prosp		✓ No			\$500.00	
Method of contribution: Cash Personal Check Credit/Debit Card	ontract is with:			Date Received 06/13/2023	Aggregate contributions \$1,000.00				
Last Name			First					M.I.	
Sapian			Edd	ie					
Residential Street Address		City				State	Zip Code	2007	
49 Gifford Rd		West H	,			СТ	06119-2	2207	
Principal Occupation Retail store owner			1	of Employer n Supermarket					
dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more the second contribution of the contribution of the contribution in the contribution of the con	or business				Amour	it of Cont	ribution	
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or ranches of government the	r _		_	∐ Tes ✓ No			\$500.00	
	ontract is with:		ecutive						
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	d Payroll Deduction	Money Ord	ler	Date Received 06/13/2023	Aggregate contributions \$500.00				
Last Name			First					M.I.	
Moemeka			Nor	bert					
Residential Street Address		City				State	Zip Code	1407	
56 Fox Chase Ln		West H	1			СТ	06107-	1141	
Principal Occupation Information Technology				of Employer Alamos National	Laboratory				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business	he/she is			Amour	nt of Cont	ribution	
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch o ranches of government the	т	or prosp		∐ res			\$100.00	
Method of contribution:	ontract is with:		1	Date Received	Aggregate contributions	1			
Cash Personal Check Credit/Debit Car	d Payroll Deduction	Money Ord	ler	06/14/2023	\$100.00	1			

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing		•	
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY		es A			
(See instructions for definition of Small Com	tributor)			Subtotal Section	A			\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Sodipo			Doi	nna				
Residential Street Address		City	<u> </u>			State	Zip Code	1
150 Stanley Dr		Glaston	bury			CT	06033-2	2622
Principal Occupation			I	of Employer		I	······································	
Chief Program Officer			Ywc	a Hartford Regio	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Your list Fuert #	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	·	·	✓ No			\$200.00
If yes, list Event #	contract is with:	Ех	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/14/2023	Aggregate contributions \$200.00			
Last Name			First					M.I.
Moemeka			Pas	schal				
Residential Street Address		City		·		State	Zip Code	
50 Forest St		Hartford	,			CT	06105-3	3213
Principal Occupation Analyst			1	of Employer eline.com				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch of		or pros	pective state contracto	res			\$200.00
If yes, list Event #	branches of government the contract is with:	Ех	ecutiv	eLegis				
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/14/2023	Aggregate contributions \$700.00			
Last Name			First					M.I.
Moemeka			Pas	schal				
Residential Street Address		City	•			State	Zip Code	
50 Forest St		Hartford				CT	06105-3	3213
Principal Occupation Analyst				of Employer eline.com				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contracto	Yes			\$500.00
If yes, list Event #	branches of government the contract is with:		ecutiv	e Legis				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	it Card Payroll Deduction	Money Ord	er	Date Received 06/14/2023	Aggregate contributions \$700.00			

\$900.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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of

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Arunan for Hartford					July 10 filing				
A. Total Contributions from Small Contri	butors - Received this	Period O	NLY						
(See instructions for definition of Small Contribu	tor)			Subtotal Section A				\$0.00	
	B. Itemized C	ontributi	ons fr	om Individuals					
Last Name			First					M.I.	
Moemeka			Goz	iem					
Residential Street Address		City				State	Zip Code		
395 Fern St 395 Fern St		West H				СТ	06119		
Principal Occupation t				of Employer e Solutions					
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution	
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or ranches of government the	·	or prosp		∐ res ✓ No			\$200.00	
Method of contribution: Cash Personal Check Credit/Debit Car	ontract is with: d Payroll Deduction	Money Ord		Date Received 06/14/2023	Aggregate contributions \$200.00				
Last Name		-	First		7	1		M.I.	
Shaporov			Kor	stantin					
Residential Street Address		City	nan			State NJ	Zip Code 07726-8	2217	
20 Gramercy Ln Principal Occupation		Manala	. 	of Employer		140	0//20-0	0017	
Project Manager			1	etra Construction					
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Conti	ribution	
event reported in Section L1?	contributor a principal of a stat fyes, indicate which branch or aranches of government the	r	•	_	∐ Tes ✓ No		\$	1,000.00	
If yes, list Event #	ontract is with:	∐Вх	ecutive						
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Car	d Payroll Deduction	Money Ord	ler	Date Received 06/14/2023	Aggregate contributions \$1,000.00				
Last Name			First					M.I.	
Paulekas			Wa	lter				E	
Residential Street Address		City			·	State	Zip Code		
50 Greendale Drive 50 Greendale Dr		Suffield		CE 1		СТ	06078		
Principal Occupation Attorney				of Employer & Paulekas, LLF	.				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the contributor in the contributor in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution in the contribution is a second contribution in the contribution is a second contribution in the contribution is an excess of municipality does contribution in the contribution in the contribution is an excess of municipality does contribution.	or business	he/she i			Amour	t of Cont	ribution	
event reported in Section L1?	contributor a principal of a stat fyes, indicate which branch o branches of government the	r	•	•	∐ Tes ✓ No			\$500.00	
If yes, list Event #	contract is with:	Ех	ecutiv		ative				
Method of contribution: Cash Personal Check ✓ Credit/Debit Care	rd Payroll Deduction	Money Ord	ler	Date Received 06/15/2023	Aggregate contributions \$500.00				

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Arunan for Hartford A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) Subtotal Section A	
(See instructions for definition of Small Contributor) Subtotal Section A	- 1
(see that the testing of shift) South South State (see that the see	\$0.00
B. Itemized Contributions from Individuals	
Last Name First	M.I.
Sheehan Patrick	
Residential Street Address City State Zip Code	
288 Beacon Hill Dr Cheshire CT 06410-17	01
Principal Occupation Name of Employer	
Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a nunicipality does contributor or business he/she is associated with have a contract with said nunicipality valued at more than \$5,000? Yes No	bution
V No branches of onvertible — V No	100.00
CONTRACT IS WITH:	
Method of contribution: Cash Personal Check Cedit/Debit Card Payroll Deduction Money Order Date Received O6/15/2023 Aggregate contributions \$100,00	
Last Name First	M.I.
McDowell Patience	Р
Residential Street Address City State Zip Code	
26 Pettipaug Ave Old Saybrook CT 06475-31	20
Principal Occupation Consultant Name of Employer McDowell Communications Group	ALLEGERATE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	bution
	500.00
If yes, list Event #	
Method of contribution: Date Received 06/16/2023 Aggregate contributions \$500.00 Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 06/16/2023 \$500.00	
	M.I.
Serrano Omayra	
Residential Street Address City State Zip Code 25 Moore St Manchester CT 06040-49	07
Principal Occupation Name of Employer	
Sales Meyer Bag	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	bution
	100.00
If yes, list Event # Dranches of government the contract is with: Executive Legislative	
Method of contribution: □ Date Received O6/17/2023 Aggregate contributions \$100.00 Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Money Order 06/17/2023 \$100.00	

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contributi	ons f	rom Individuals				
Last Name		First					M.I.
Shah		Ant	ırag				
Residential Street Address	City	<u> </u>			State	Zip Code	l
12 Hartwell Rd	West H	artfor	d		CT	06117-1	909
Principal Occupation	•	Name	of Employer			f	
Software Entrepreneur		Aure	us Tech Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more to the specific product of the specifi	r or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch to branches of government the	or			☐ res			\$100.00
If yes, list Event # contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 06/19/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
O'Leary		Nei	1				M
Residential Street Address	City				State	Zip Code	
137 Westridge Dr	Waterb	ury			CT	06708-3	3336
Principal Occupation Mayor		1	of Employer Of Waterbury				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality does contribution.	r or business	he/she			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the		or pros	pective state contractor	?			\$250.00
If yes, list Event # contract is with:	□Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 06/19/2023	Aggregate contributions \$250.00			
Last Name		Firs					M.I.
Reginatto		Gir	na				
Residential Street Address	City				State	Zip Code	
47 Laurel Cove Rd	East Ha	addar	n		CT	06423-	1238
Principal Occupation CEO		Ł	of Employer Distributors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of nunicipality does contribute municipality valued at more	r or business	he/she			Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch of the section L1?		or pro	spective state contractor	res			\$200.00
If yes, list Event # branches of government the contract is with:		ecutiv	<u>. </u>				
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/19/2023	Aggregate contributions \$200.00		·····	

\$550.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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아마스 아마스 아마스 아이들 때문에 가장 하는데, 내용하는 아마스 아마스 아마스 아마스 아마스 아마스 아마스 아마스 아마스 아마스	lete Name as Registered with Fi	ung Keposi	itoryj		TYPE OF REPORT		41,441,441,441	
Arunan for Hartford July 10 filing					July 10 filing			
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First	t				M.I.
Picknelly			Pet	ter				
Residential Street Address		City	•			State	Zip Cođe	
330 Park Dr		Springfi				MA	01106-1	234
Principal Occupation Manager			I	of Employer er Pan Bus lines				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r	•		∐ 1es ✓No			\$500.00
If yes, list Event # Method of contribution: Cash Personal Check Credit/Deb	contract is with:	Money Ord	ecutiv er	Date Received 06/20/2023	ative Aggregate contributions \$500.00	- -		
Last Name			First	1				M.I.
Rigueur			Phi	llip				
Residential Street Address	0.100	City	.L			State	Zip Code	
2 Woodside Cir		Hartford	t			CT	06105-1	119
Principal Occupation (1)Mgt Consultant (2) Co-founder			1	of Employer Rubye Sears Inc (2) Green Mile Appa	rel		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	1 es			\$300.00
If yes, list Event #	branches of government the contract is with:	Ех	ecutiv	,				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 06/20/2023	Aggregate contributions \$300.00			
Last Name			Firs	t				M.I.
Paganini			Bri	an				М
Residential Street Address 39 Rocky Rd W		City Harwint	ton			State CT	Zip Code 06791-2	2913
Principal Occupation Renewable energy		1	E .	of Employer Intum Biopower				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state of the state of government the control is with:	r	or pros	•	∐ res ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Det	contract is with:	Money Ord		Date Received 06/20/2023	Aggregate contributions \$100.00)		

	·
\$900.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with	TYPE OF REPORT						
Arunan for Hartford	July 10 filing						
A. Total Contributions from Small Contributors - Received th	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ons fi	rom Individuals				
Last Name		First					M.I.
Pentalow		Pat	rick				
Residential Street Address	City	L	·····	·	State	Zip Code	'
1178 Silas Deane Hwy, Apt 207	Wethers	sfield			CT	06109-4	1341
Principal Occupation		ı	of Employer				
Title Examiner		New	England Title Se	rvices, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business 1				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or pros	pective state contractor	?			\$500.00
If yes, list Event #	Ex	ecutiv	e Legisla	ntive VIVO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ег	Date Received 06/20/2023	Aggregate contributions \$500.00			
Last Name		First					M.I.
Sampson		Me	nard				
Residential Street Address	City				State	Zip Code	•
8 Riverview Dr, Unit D	East Wi	indso	r		CT	06088-4	1615
Principal Occupation Real estate investor		I	of Employer pson&turner				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	h or	-	-	∐ 1es ✓ No			\$100.00
If yes, list Event # contract is with:		ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	er	Date Received 06/22/2023	Aggregate contributions \$845.00			
Last Name		First	t				M.I.
Sampson		Me	nard				
Residential Street Address	City	. ,			State	Zip Code	1015
8 Riverview Dr, Unit D	East W				CT	06088-4	1615
Principal Occupation Real estate investor		I .	of Employer ipson&turner				
Is contributor a lobbyist, spouse, or	tor or business	he/she i			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which brand		or pros	pective state contractor	? ☐ Yes ☑ No			\$645.00
If yes, list Event # Dranches of government the contract is with:	Ex	ecutiv	eLegisla	ative VINO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	er	Date Received 06/22/2023	Aggregate contributions \$845.00			

\$1,245.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford		·			July 10 filing			
A. Total Contributions from Small Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Small Contr	ibutor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First		No. 1714 1		***************************************	M.I.
Sampson			Me	nard				
Residential Street Address	·	City				State	Zip Code	<u> </u>
8 Riverview Dr, Unit D		East Wi	indso	r		CT	06088-4	1615
Principal Occupation			I	of Employer			•	
Real estate investor			Sam	pson&turner				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amount of Contribution		
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	i es			\$100.00
If yes, list Event #	branches of government the contract is with:	Ех	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 06/26/2023	Aggregate contributions \$845.00			
Last Name			First					M.I.
Morton			Pe	g				L
Residential Street Address		City		•		State	Zip Code	I
12 Highland Grn		Cromwe	ell			CT	06416-2	2700
Principal Occupation Lobbyist			1	of Employer rsource Energy				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	res			\$700.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 06/22/2023	Aggregate contributions \$700.00			
Last Name			First	t				M.I,
McCormick			Jol	nn				М
Residential Street Address 50 Burdick Rd		City New Ha	artford	1		State CT	Zip Code 06057-2	2504
Principal Occupation Real Estate			Name CBF	of Employer RE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or						\$500.00	
If yes, list Event #	branches of government the contract is with:		ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 06/23/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Providence	le Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			***************************************	
A. Total Contributions from S (See instructions for definition of Si			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Perry				Roi	nald				
Residential Street Address			City	1			State	Zip Code	
23 Quorn Hunt Rd			West Si	msbı	ıry		CT	06092-2	2524
Principal Occupation Self-Empolyeed					of Employer Incorporated				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	∏Yes ✓No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros	_	∐ 1es ✓ No		\$	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ C	Credit/Debi		Money Ord	er	Date Received 06/23/2023	Aggregate contributions \$1,000.00			
Last Name				First				<u> </u>	M.I.
Salner				Pat	ricia				
Residential Street Address			City				State	Zip Code	
9 Cherry Hills Cir			Bloomfi	eld			CT	06002-2	2919
Principal Occupation Retired				Name Reti	of Employer red				- 11
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	∏Yes ☑No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	?			\$100.00
If yes, list Event #	(V). (V)	contract is with:	□Ех	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check 🗸 0	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$100.00			_
Last Name		<u> </u>		Firs					M.I.
Shafer			_	Ho	ward				
Residential Street Address 7 Linden Pl			City Hartford	i			State CT	Zip Code 06106-	1730
Principal Occupation Butcher					of Employer Edge Farm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ☑ No	Is contributor a principal of a state If yes, indicate which branch of		or pros	pective state contractor	? Yes			\$200.00
If yes, list Event #	<u>~</u> 1,40	branches of government the contract is with:	Ex	ecutiv	eLegisla	ative V			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroli Deduction	Money Ord	er	Date Received 06/26/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

Page	124	of	151

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Arunan for Hartford						July 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
SRINIVASAN				Am	rutur (sheenu)				v
Residential Street Address			City	<u> </u>			State	Zip Code	
25 Colony Cir			Glaston	bury			CT	06033-2	2605
Principal Occupation Retired				Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more tl	or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, fist Event #	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or pros		∐ Tes ✓ No			\$10.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	contract is with: Card Payroll Deduction			Date Received 06/27/2023	Aggregate contributions \$10.00			
Last Name	•			Firs	t				M.I.
Norman-Schiff				Da	vid				
Residential Street Address			City				State	Zip Code	
227 Church St, Apt 6E			New Ha				CT	06510-1	825
Principal Occupation Attorney				1	e of Employer gin and Dana LLF				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section LJ?	☐ Yes	Is contributor a principal of a sta If yes, indicate which branch of		or pro	spective state contractor	^{r?} ☐ Yes ☑ No			\$250.00
If yes, list Event #	₽ 10	branches of government the contract is with:	☐ Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/27/2023	Aggregate contributions \$250.00			
Last Name				Firs	it.	· · · · · · · · · · · · · · · · · · ·			M.I.
Stafstrom				Jol	hn				F
Residential Street Address			City				State	Zip Code	2004
105 Battery Park Dr			Bridgep	_	.f.Ct		CT	06605-	3004
Principal Occupation Attorney				Pull	e of Employer man & Comley, L				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributed municipality valued at more t	or business han \$5,000?	he/she	is associated with have Yes	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	or pro	_	✓ No		\$	1,000.00
Method of contribution: Cash Personal Check ✓	Credit/Debi	contract is with: t Card Payroll Deduction	Money Ord		Date Received 06/28/2023	Aggregate contributions \$1,000.00			
					J	1			

SUBTOTAL Section B - This Page	\$1,260.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provid	le Complet	e Name as	s Registered with F	iling Repos	itory)		TYPE OF REPORT			
Arunan for Hartford	and the second section of the second						July 10 filing			
A. Total Contributions from Si	nall Con	tributor	s - Received this	Period O	NLY					
(See instructions for definition of Sn						Subtotal Section A				\$0.00
			B. Itemized (Contribut	ions fr	om Individuals				
Last Name					First			••••		M.I.
Salito					Ralp	oh				Α
Residential Street Address				City				State	Zip Code	
82 Fresh Meadow Dr				Trumbi				CT	06611-1	111
Principal Occupation DIRECTOR OF GOLF						of Employer EY PARK GOLF	COURSE/DPW/CI	TY OFH	ARTFORE)
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	munici		r or business	he/she is	committee for a chief of a sassociated with have Yes		Amou	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes ✓No	If yes, ir	ndicate which branch of government the	or	or prosp	e Legisla	∐ Tes ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ C	redit/Debit	Card _	Payroll Deduction	Money Ord	der	Date Received 06/28/2023	Aggregate contributions \$100.00	,		
Last Name					First			•		M.I.
Tran					Thu	ıyan				
Residential Street Address				City				State	Zip Code	
104 Skyline Dr				East H				СТ	06118-3	3052
Principal Occupation Managing Partner					1	of Employer Realty Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	munici	ribution is in excess o pality does contribute pality valued at more	er or business	he/she i	committee for a chiefes associated with have Yes	executive officer of a a contract with said No	Amou	nt of Cont	ribution
If yes, list Event #	☐ Yes ✓ No	If yes, in	ndicate which branch s of government the	or	r or pros		ative No	-		\$100.00
Method of contribution: Cash Personal Check	Credit/Debit	Card	Payroll Deduction	Money Or	der	Date Received 06/28/2023	Aggregate contributions \$100.00	E		.,
Last Name					First					M.I.
Moser					Dav	vid				
Residential Street Address 163 King Philip Dr				City West H	Hartfor	d		State CT	Zip Code 06117-	1321
Principal Occupation Broadcast Engineering					Name Disn	of Employer ey				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	munici		or or business	s he/she i	committee for a chief is associated with have		Amou	nt of Cont	ribution
If yes, list Event #	☐ Yes ✓ No	If yes, i	ndicate which branch s of government the	or	r or pros		ative			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card	Payroll Deduction [Money Or	rder	Date Received 06/28/2023	Aggregate contribution \$250.0	1		

\$450.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide	Complet	e Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from Sm	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sma	all Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M.I.
Naek				Est	er				s
Residential Street Address			City				State	Zip Code	
164 Dockerel Rd			Tolland				CT	06084-3	600
Principal Occupation				i .	of Employer				
COO				Nael	k Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
event reported in Section 1.1?	Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros	pective state contractor	? ☐ Yes ☑ No		\$1	,000.00
If yes, list Event #	<u>-</u>	branches of government the contract is with:	Exe	ecutive	e 🔲 Legisla	ntive			
Method of contribution: ☐ Cash Personal Check ✓ Cre	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 06/28/2023	Aggregate contributions \$1,000.00			
Last Name				First				_	M.I.
Rios				Dar	maris				
Residential Street Address			City				State	Zip Code	
332 Freeman St			Hartford	i			CT	06106-4	225
Principal Occupation					of Employer	4			
Supervisor				Kiing	berg Family Cen	ters			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business 1				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$50.00
If yes, list Event #	<u>∕</u> No	branches of government the contract is with:	Exc	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 06/29/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Smith				Eth	an				
Residential Street Address			City				State	Zip Code	
1924 8th St NW, Unit W-407			Washin				DC	20001-3	286
Principal Occupation Founder					of Employer wing Research &	Strategy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	ıt of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$250.00
event reported in Section 21?	No	If yes, indicate which branch or branches of government the	e			✓ No			Ψ250.00
IJ yes, list Event #		contract is with:	∐Ex	ecutiv		alive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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See instructions for definition of Small Contribution Sh. Hemized Contributions from Individuals	NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Last Name First Jason State Address Civ Rancho Manage State Address Civ Rancho Manage State Civ Rancho Manage State Civ Rancho Manage State Civ Rancho Manage State Civ Rancho Manage Mana	Arunan for Hartford					July 10 filing			
Main Part			Period O		Subtotal Section A				\$0.00
Vereitlo jaSon Simular J		B. Itemized C	ontributi	ons fr	om Individuals				
Residential Street Address	Last Name	· · · · · · · · · · · · · · · · · · ·		First					M.I.
Pancho Mirage	veretto			jaso	n				е
Name of Employer Periodical Coccupation Personal Check Personal Ch	Residential Street Address		City	•			,		·
Retired Retired Retir	7 Buckingham Way		Rancho	Miraç	je		CA	92270-1	655
Indicate the contribution of a lobbyist? No Indicate the part of business beache is associated with and countributed and more than \$5,000? Yes No No State contribution or principal of a state contractor? Yes State vent # No State				!					
Section L17	danandant shild of a lobburist?	municipality does contributor	or business i		associated with have	a contract with said	Amour	nt of Conti	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received S500.00	event reported in Section L1?	If yes, indicate which branch o branches of government the	r		_	☑ Yes			\$250.00
Residential Street Address Principal Occupation Retired Residential Street Address Principal Occupation Retired Residential Street Address Principal Occupation Retired Residential Street Address Principal Occupation Retired Resident Address Principal Occupation Retired Reti			Money Ord	eir	I				
Residential Street Address 7 Buckingham Way Rancho Mirage Retired Name of Employer Retired Retired	Last Name			First					M.I.
Principal Occupation Retired Name of Employer Retired Name of Employer Retired	veretto			jaso	n				e
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? No No dependent child of a lobbyist? No No dependent child of a lobbyist? Yes dependent child of a lobbyist? No No dependent child of a lobbyist? No No dependent child of a lobbyist? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Ye	Residential Street Address		1 -		<u>"</u>			1	•
Retired Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a l	7 Buckingham Way		Rancho	Miraç	је		CA	92270-1	1655
dependent child of a lobbyist? Mo				1					
Sevent reported in Section L1? Yes	dange dant shild of a labburst?	municipality does contributor	or business		s associated with have	a contract with said	Amoui	nt of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O6/29/2023 \$500.00 Last Name Pathmanaban Residential Street Address 21786 Newvale Dr Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Tyes Is contribution associated with an Tyes Is contributor a principal of a state contractor or prospective state contractor? Tyes Aggregate contributions plate we plate and payroll Deduction Money Order O6/29/2023 Aggregate contributions plate we plate and payroll Deduction of Aggregate contributions plate we plate and payroll Deduction of Money Order O6/29/2023 Aggregate contributions plate we plate and payroll Deduction of Money Order O6/29/2023 Aggregate contributions plate we plate and payroll Deduction of Money Order O6/29/2023 Aggregate contributions plate we plate and payroll Deduction of Money Order O6/29/2023 Aggregate contributions plate we plate and payroll Deduction of Money Order O6/29/2023 Aggregate contributions plate we plate and payroll Deduction of Money Order O6/29/2023 Aggregate contributions plate we plate and payroll Deduction of Money Order O6/29/2023 Aggregate contributions plate we plate and payroll Deduction of O6/29/2023 MI.I. Path Mana Payroll Deduction of Date Received of O6/29/2023 Name of Employer Retired Is contribution a lobbyist, spouse, or plate and payroll Deduction of Officer of a chief executive officer of a municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes	event reported in Section L1?	If yes, indicate which branch o	or			✓ No			\$250.00
Cash	If yes, list Event #		Ex	ecutive		ative			
Pathmanaban Residential Street Address 21786 Newvale Dr Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an Vest Is contributor a principal of a state contractor or prospective state contractor? Pathmanaban Rita City Lake Forest State CA 92630-6001 Name of Employer Retired Amount of Contribution Amount of Contribution State CA 92630-6001 Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an Vest Is contributor a principal of a state contractor or prospective state contractor? Yes Occupation Name of Employer Retired Amount of Contribution Amount of Contribution Amount of Contribution associated with an Vest Is contributor a principal of a state contractor or prospective state contractor? Yes		t Card Payroll Deduction	Money Ord	ler					
Residential Street Address 21786 Newvale Dr Lake Forest CA 92630-6001 Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Vo No Is this contribution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor? Ves State Zip Code CA 92630-6001 Name of Employer Retired Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Is this contribution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor? Ves	Last Name			First					M.I.
21786 Newvale Dr Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor? Lake Forest CA 92630-6001 Name of Employer Retired Amount of Contribution Amount of Contribution of Contribution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor? Ves	Pathmanaban			Rita	l				
Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Vest Is contributor a principal of a state contractor or prospective state contractor? Yes Amount of Contribution								1	2004
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes			аке -с		CD 1		CA	92630-6	3001
dependent child of a lobbyist? No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes				Retir	ed				
1 1176 1 - 1 1168 3 666	dependent child of a lobbuist?	municipality does contributor	r or business	he/she i:	s associated with have	a contract with said	Amou	nt of Cont	ribution
event reported in Section L1? If yes, indicate which branch or	event reported in Section L1?	If yes, indicate which branch of		or pros	pective state contractor	[] res			\$50.00
If yes, list Event #	If yes, list Event #		□Ex	cecutive	e Legisl	ative V 140			
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Money Order 06/29/2023 \$50.00			Money Ord	ler			1		

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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of

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NAME OF COMMITTEE (Providence)	le Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from Si	mall Cont	ributors - Received this	Period O	NLY					
(See instructions for definition of Sn	nall Contri	butor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M,I,
Salvatore				Ran	ndy				
Residential Street Address			City			*****	State	Zip Code	'
1135 Ponus Rdg			New Ca	ınaan			CT	06840-3	3424
Principal Occupation				I	of Employer	•			
Real Estate developer				HIVIO	Construction, LL				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	∏Yes I	is contributor a principal of a stat If yes, indicate which branch of branches of government the	î			res ✓ No		\$	1,000.00
If yes, list Event #		contract is with:	Ex	ecutivo	Legisla Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ☑ C	Credit/Debit C	Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$1,000.00	,		
Last Name				First					M.I.
Patel				Ron	nak				
Residential Street Address			City				State	Zip Code	
1003 Lake Percival Way			Cheshir				CT	06410-1	1400
Principal Occupation Self employed liquor store own	ner			I	of Employer erage Boss				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business 1				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?		is contributor a principal of a stat If yes, indicate which branch or		or prosp	pective state contractor	res	1		\$100.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ех	ecutive		√ No ative			
Method of contribution: Cash Personal Check CC	Credit/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 06/30/2023	Aggregate contributions \$100.00	ŀ		
Last Name				First					M.I.
Puka				The	oharis				
Residential Street Address		4	City				State	Zip Code	
623 Cypress Rd		111 1111 102 100 102	Newing				CT	06111-5	604
Principal Occupation Aerospace Engineer					of Employer efense				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	LJ res	is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	Yes		\$	1,000.00
If yes, list Event #	No	branches of government the contract is with:	Exc	ecutive					
Method of contribution: Cash Personal Check CC	Credit/Debit C	ard Payroll Deduction	Money Orde	ег	Date Received 06/30/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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of

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT			
Arunan for Hartford			20 1 1 2 20 20	July 10 filing			
A. Total Contributions from Small Contributors - Received th	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ions f	rom Individuals		Augustalistasi Agarta, aasta		
Last Name		First	-				M.I.
Tran		Quy	/nh				
Residential Street Address	City	_1			State	Zip Code	
2022 Columbia Rd NW, Apt 606	Washin	gton			DC	20009-1	303
Principal Occupation Government Employee		Į.	of Employer eral Services Adn	ninistration			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	or or business	he/she i			Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? Yes If yes, indicate which branch branches of government the	or	•		∐ 1es ✓ No			\$250.00
If yes, list Event # contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/30/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Sapiain		Ede	die				
Residential Street Address	City		_		State	Zip Code	
49 Gifford Rd	West H	-,			CT	06119-2	2207
Principal Occupation Store owner		1	of Employer vn Supermarket				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more	tor or business	he/she			Amour	ıt of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a s		or pros	pective state contractor	? Yes			\$500.00
event reported in Section L1? If yes, indicate which branches of government the			_				φυσο.σο
If yes, list Event # contract is with:	E	cecutiv		ative			
Method of contribution: Cash	Money Ord	ler	Date Received 06/30/2023	Aggregate contributions \$500.00			
Last Name		Firs					M,I,
Seifel		Do	nald				R
Residential Street Address	City				State	Zip Code	
28 Riverside Avenue 28 Riverside Ave	Old Sa	-			СТ	06475	
Principal Occupation Attorney			of Employer ike, Kelly & Spella	acy, P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribute municipality valued at more	tor or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sevent reported in Section L1? If yes, indicate which branches of government the contract is with:	h or	r or pros		∐ 1es ✓No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 06/30/2023	Aggregate contributions \$250.00	1		
				<u>. </u>	1		

SUBTOTAL Section B - This Page	\$1,000.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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of

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			•
A. Total Contributions from Small Contributors - Received th	is Period C	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	l Contribut	ions fi	om Individuals				
Last Name		First				,	M.I,
Wands		Sco	tt				
Residential Street Address	City				State	Zip Code	1
4 Avalon Pl	Wether	sfield			CT	06109-1	201
Principal Occupation		1	of Employer				
Grants Administrator		CIH	umanities				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality valued at more municipality valued at more municipality valued at more more municipality valued.	itor or business				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a lf yes, indicate which brane	h or	or prosp	ective state contractor	res			\$25.00
If yes, list Event # No branches of government the contract is with:	Ех	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Received 06/06/2023	Aggregate contributions \$25.00			
Last Name		First		·			M.I.
Moore		Dav	id				М
Residential Street Address	City				State	Zip Code	
27 Berkshire Way Simsbury Ct 6070	Simsbu				СТ	06070	
Principal Occupation Attorney-Mediator			of Employer _aw Offices of Da	avid M. Moore, Esq.	, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the municipality valued at motors.	itor or business				Amoun	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branches of government the	h or		_	∐ Yes ✓No			\$100.00
If yes, list Event # contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check CC Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/08/2023	Aggregate contributions \$100.00			
Last Name		First					M,I,
Rajotte		Ann	е				
Residential Street Address	City				State	Zip Code	1
181 Garden St	Wether	sfield			СТ	06109-2	2325
Principal Occupation Librarian		Name UCoi	of Employer NN				
Is contributor a lobbyist, spouse, orYes If contribution is in excess municipality does contributed at monicipality valued at monici	itor or business	he/she is			Amoun	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which branches of government the	h or	or prosp	_	∐ Yes ✓ No			\$50.00
Method of contribution:		.coutive	Date Received	Aggregate contributions			
Cash Payroll Deduction	Money Ord	ler	06/11/2023	\$50.00		***	

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complex	te Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT		50 60 35 50 s	
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Con (See instructions for definition of Small Contr		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name	:		First					M.I.
SapiehaYanchak			Ter	esa				
Residential Street Address		City	·			State	Zip Code	
208 S Mountain Dr		New Bri	itain			CT	06052-1	514
Principal Occupation Admin Curriculum Coordinator				of Employer e of CT UConn S	ОМ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	_	or pros		∐ res ✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit		Money Ord	er	Date Received 06/08/2023	Aggregate contributions \$250.00			
Last Name			First		<u> </u>			M.I.
Vivar			Alfr	redo				
Residential Street Address		City Manche	votor			State CT	Zip Code 06040-6	700
245 Timrod Rd Principal Occupation		Walterie		of Employer		O1	00040-0	1133
CNC Programmer			ı	uit Aerospace				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros	_	∐ res ✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit		Money Ord	er	Date Received 04/02/2023	Aggregate contributions \$50.00			
Last Name			First	i .				M.I.
Varaprasathan			Gu	nanayagam				1
Residential Street Address 3841 Luna Ct		City Altaden	a			State	Zip Code 91001-3	3865
Principal Occupation Retired			_	of Employer red			I	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch or			\$200.00				
If yes, list Event #	branches of government the contract is with:	□Ex	ecutiv					
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 04/01/2023	Aggregate contributions \$200.00			

\$500.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ons f	om Individuals				
Last Name		First	·				M.I.
Tummillo		Will	iam				
Residential Street Address	City	.1			State	Zip Code	
149 Brace Rd	West H	artfor	d		CT	06107-1	804
Principal Occupation		l .	of Employer				
Retired		Retir	ea				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a sta	te contractor	or pros	pective state contractor	r? Yes			\$100.00
event reported in Section L1? If yes, indicate which branch of branches of government the			_	. No			φ100.00
If yes, list Event # contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 04/18/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
McNair		Rol	pert				
Residential Street Address	City				State	Zip Code	
68 Girard Ave	Hartford				СТ	06105-2	2229
Principal Occupation Attorney		Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a sta	te contractor	or pros	pective state contracto	r? Yes			\$50.00
event reported in Section L1? If yes, indicate which branch of branches of government the			r-1				φ50.00
If yes, list Event # contract is with:	Ex	ecutiv					
Method of contribution: Cash	Money Ord	ler	Date Received 05/25/2023	Aggregate contributions \$50.00			
Last Name		First			•		M.I.
Prizio		Ant	hony				İ
Residential Street Address	City	1			State	Zip Code	•
46 Holly Ln	Wether	sfield			CT	06109-2	2019
Principal Occupation Attorney		1	of Employer e of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contribute municipality valued at more	r or business	he/she			Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a steeper reported in Section L1? If yes, indicate which branch is		or pros	pective state contracto	☐ res			\$100.00
If yes, list Event # V No branches of government the contract is with:		recutiv	c Legisl	lative			
Method of contribution: ☐ Cash	Money Ord	ler	Date Received 06/11/2023	Aggregate contributions \$100.00			

\$250.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Arunan for Hartford A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) Subtotal Section A	\$0.00
	\$0.00
(See instructions for definition of Small Contributor) Subtotal Section A	\$0.00
i describirancia de la compresa del la compresa del compresa del la compresa del la compresa del la compresa de la compresa del la co	
B. Itemized Contributions from Individuals	
Last Name First	M.I.
Tischler Rachel	
Residential Street Address City State Zip C	ode
21 Hostory For	37-1134
Principal Occupation Name of Employer HR/DEI CT Bar Association	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	ontribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes	\$150.00
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with:	\$150.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/11/2023 \$150.00	
Last Name First	M.I.
Morrison Mary	
Residential Street Address City State Zip C	
o countible of	06-1312
Principal Occupation Retired Retired Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Amount of C	ontribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or	\$100.00
If yes, list Event #	
Method of contribution: Date Received Aggregate contributions Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order 06/12/2023 \$100.00	
Last Name First	M.I.
Skutelsky Anna	
Residential Street Address City State Zip C 95 Lyman Pl Staten Island NY 103	ode 04-3200
Principal Occupation Wood flooring Name of Employer PID Floors	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Amount of C	ontribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or	\$1,000.00
If yes, list Event # branches of government the contract is with: V No branches of government the Executive Legislative V No	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/15/2023 Aggregate contributions \$1,000.00	

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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Arunan for Hartford A. Total Contributions from Small Contri (See instructions for definition of Small Contribu	tor)	Period O			July 10 filing			
	tor)	Period O						- 1
(See instructions for definition of Small Contribu			NLY					
efectivities and the feet feet in the energy for the contract of the contract	reneral action of the commence			Subtotal Section A				\$0.00
	B. Itemized Co	ontributi	ons fi	rom Individuals				
Last Name		,	First					M.I.
Skutelsky			Dm	itry				
Residential Street Address		City	•			State	Zip Code	`
440 Neptune Ave, Apt 7G		Brookly	n			NY	11224-4	1443
Principal Occupation Wood flooring				of Employer Floors				
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more th	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or ranches of government the	_	or prosp		∐ 1es ✓ No			\$30.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Car	ontract is with:			Date Received 06/15/2023	Aggregate contributions \$30.00			
Last Name		,	First			l		M.I.
Newbury			Jan	nes				
Residential Street Address		City				State	Zip Code	
15 Petersen Way		South V				CT	06074-2	2885
Principal Occupation Contractor			F .	of Employer ech Inc.				Address of the second of the s
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more th	or business l				Amour	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state f yes, indicate which branch or ranches of government the				∐ Tes ✓ No			\$500.00
If yes, list Event #	ontract is with:	Ex	ecutive		tive —			
Method of contribution: Cash Personal Check Credit/Debit Car	d Payroll Deduction	Money Ord	er	Date Received 06/15/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Skutelsky			Lec	onid				
Residential Street Address 186 Flagg Pl		City Staten l	Island	I		State NY	Zip Code 10304-	1168
Principal Occupation Wood flooring			1	of Employer Floors		•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business nan \$5,000?	he/she i	s associated with have Yes	a contract with said No	Amour	ıt of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or		or pros	pective state contractor	res		\$	1,000.00
If yes, list Event #	oranches of government the contract is with:	∏Ex	ecutiv		*			
Method of contribution: Cash Personal Check Credit/Debit Car	rd Payroll Deduction	Money Ord	er	Date Received 06/15/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,530.00
TOTAL of Section B Pages \$	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$ (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Complete Na	nne as Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Contrib (See instructions for definition of Small Contribute		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized Co	ontributi	ons fi	om Individuals				
Last Name			First	•••				M.I,
Skutelsky			Ste	ven				
Residential Street Address		City				State	Zip Code	
186 Flagg Pl		Staten I	sland			NY	10304-1	168
Principal Occupation Wood flooring				of Employer en Skutelsky				
dependent child of a lobbyist?	f contribution is in excess of \$ nunicipality does contributor on nunicipality valued at more th	or business h				Amoun	t of Conti	ribution
event reported in Section L1? Yes V No bra	ontributor a principal of a state yes, indicate which branch or anches of government the ntract is with:		or pros		∐ 1es ✓ No			\$30.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 06/15/2023	Aggregate contributions \$30.00	:		
Last Name			First					M.I.
Rios			Clif	ford				
Residential Street Address		City				State	Zip Code	
11 Hampton Ct		Farming				CT	06032-2	2459
Principal Occupation Physician				of Employer opedic Associate	s Hartford			
dependent child of a lobbyist?	f contribution is in excess of \$ nunicipality does contributor nunicipality valued at more th	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	ontributor a principal of a state yes, indicate which branch or		or pros	pective state contractor	? ☐ Yes ✓ No		\$	1,000.00
	anches of government the outract is with:	☐Ex-	ecutiv	eLegisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 06/20/2023	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Sullo			Jos	eph				
Residential Street Address 9 Sea Ln		City Old Lyn	ne			State CT	Zip Code 06371-2	2542
Principal Occupation Owner			ı	of Employer point Properties			•	
dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more the second contribution of the con	or business l				Amour	t of Cont	ribution
event reported in Section L1? Yes If Yes If If Yes If If If If If If If I	ontributor a principal of a state yes, indicate which branch or anches of government the	r	or pros		∐ 1es ✓ No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card	ontract is with:	Money Ord		Date Received 06/20/2023	Aggregate contributions \$250.00	-		

SUBTOTAL Section B - This Page	\$1,280.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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A. Total Contributions From Small Contributors - Received this Period ONLY Subtotal Section A B. Hemized Contributions from Individuals First	NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Subtotal Section Subtotal Se	Arunan for Hartford					July 10 filing			
Portial December Portiage P			Period O		Subtotal Section A				\$0.00
Penitalow Thomas Such Address City Welther City Odiop-3703		B. Itemized C	ontributi	ons fr	om Individuals				
City Wethers City	Last Name			First		· · · · · · · · · · · · · · · · · · ·			M.I.
Wethersfield Occupation Principal Occupation Property Shorpe	Pentalow			Tho	mas				
Principal Occupation Realitor Name of Employer Property Shoppe	Residential Street Address		1					Zip Code	
Recolation Property Shoppe Reconstitution is in excess of \$400 to a candidate comunities for a chief executive officer of a municipality does contributor or brainesh behale is associated with have a contract with said municipality valued at more than \$5,000?	66 Boulter Rd		Wethers	sfield			CT	06109-3	3703
Amount of a lobbysist Passonal Check Credit/Debit Card Payroll Deduction Money Order Date Received Money Order Payroll Deduction Money Order Date Received Money Order Money O	Realtor								
### Space of the Section L17 Flyes, list Event ##	dependent shild of a labburist?	municipality does contributor	or business l		associated with have	a contract with said	Amoun	t of Conti	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O6/20/2023 \$250.00	event reported in Section L1?	If yes, indicate which branch o branches of government the	r			∐ res ✓ No			\$250.00
Mouta Residential Street Address 38 Lockwood Ter City West Trincipal Occupation Name of Employer Parkville Management	Method of contribution:				Date Received	Aggregate contributions			
Residential Street Address 38 Lockwood Ter City West Hartford West Hartford West Hartford Name of Employer Parkville Management	Last Name			First			······································		M.I.
38 Lockwood Ter	Mouta			Fen	nando				
Principal Occupation Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Method of contribution associated with an event and the contract with said municipality valued at more than \$5,000? Method of contribution associated with an event and the contract with said municipality valued at more than \$5,000? Method of contribution Method of contribution Method of contribution associated with an event and the contract with said municipality valued at more than \$5,000? Method of contribution Method of contribution Method of contribution Method of contribution Method of contribution Method of contribution Method of contribution Method of contribution Method of contribution Method of contribution Method of contribution Method of	Residential Street Address		1 '				i		
Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a contribute or or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contribution a spociated with have a contract with said municipality does contribution or prospective state contractor? If this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Aggregate contributions O6/23/2023 \$500.00 Management Aggregate contributions O6/23/2023 \$500.00 Management Aggregate contributions O6/23/2023 \$500.00 Management Aggregate contributions O6/23/2023 \$500.00 Management Aggregate contributions O6/23/2023 \$500.00 Management Aggregate contributions O6/23/2023 \$500.00 Management Aggregate contributions O6/23/2023 \$500.00 Management Aggregate contributions O6/23/2023 \$500.00 Management Aggregate contributions O6/23/2023 \$500.00 Management Management Aggregate contributions O6/23/2023 \$500.00 Management Management Aggregate contributions O6/23/2023 \$500.00 Management Management Aggregate contributions O6/23/2023 \$500.00 Management Mangement Management Mangement		West H				СТ	06119-1	1813	
Method of Contribution Section L1? Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions State CT Off 100				ı	•	nt			
event reported in Section L1? yes, list Event #	dapandant shild of a lobbuist?	municipality does contributor	or business l		s associated with have	a contract with said	Amour	it of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/23/2023 \$500.00 Last Name Perez Residential Street Address 60 Capitol Ave Principal Occupation Assistant If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Method of contribution: Date Received Aggregate contributions Aggregate contributions Aggregate contributions MI. MI. MI. MI. Mame of Employer KTH Advisors Amount of Contribution Amount of Contribution Fives Fives If contribution a state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Date Received Aggregate contributions Aggregate contributions	event reported in Section L1?	If yes, indicate which branch o		or prosp	pective state contractor	res			\$500.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/23/2023 \$500.00	If yes, list Event #		Exc	ecutive	Legisl	ative			
Residential Street Address 60 Capitol Ave Principal Occupation Assistant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received Aggregate contributions State City Hartford Name of Employer KTH Advisors Name of Employer KTH Advisors Amount of Contribution Amount of Contribution Footnatibution a state contract or prospective state contract with said municipality valued at more than \$5,000? If yes, list Event # Method of contribution: Date Received Aggregate contributions		t Card Payroll Deduction	Money Orde	er					
Residential Street Address 60 Capitol Ave Principal Occupation Assistant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? If yes, list Event # Method of contribution: State Zip Code O6106-1706 Amount of Contribution				First					M.I.
Frincipal Occupation Assistant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Hartford Name of Employer KTH Advisors Name of Employer KTH Advisors Name of Employer KTH Advisors Name of Employer KTH Advisors Name of Employer KTH Advisors Amount of Contribution	ii e		,	Jas	mine		,		
Principal Occupation Assistant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Name of Employer KTH Advisors Amount of Contribution Figure 1 Amount of Contribution State contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions			1 '	4			•	1	1706
Assistant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	<u> </u>		riation		of Employer		01	00100-	1700
dependent child of a lobbyist? In municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Method of contribution: Date Received Aggregate contributions	Assistant			I					
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Security Securi	dependent child of a lobbyist?	municipality does contributor	or business l		s associated with have	a contract with said	Amour	it of Conti	ribution
Method of contribution: Method of contribution: Date Received Aggregate contributions	event reported in Section L1?	If yes, indicate which branch o		or prosj		∐ res ✓ No			\$500.00
	If yes, list Event #		Ех	ecutive	eLegisl	ative			
		it Card Payroll Deduction	Money Ord	er					

Page \$1,250.00	SUBTOTAL Section B - This Page
ages \$123,568.0	TOTAL of Section B Pages
\$123,568,0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Stevens			Pet	er				N
Residential Street Address		City				State	Zip Code	
100 Huyshope Ave, Apt 508		Hartford				СТ	06106-4	1810
Principal Occupation				of Employer				
Architect			303	Architecture				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes			\$250.00
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisla	√ No ative			φ250.00
Method of contribution: Cash ✓ Personal Check Credit/Debi	it Card Payroll Deduction	Money Orde	er	Date Received 06/23/2023	Aggregate contributions \$250.00			
Last Name			First			•		M.I.
Padilla			Sai	ıl.				
Residential Street Address		City				State	Zip Code	·
37 Foley St		West Ha	artfor	d		CT	06110-	1127
Principal Occupation Painter			ł .	of Employer Home Improvem	ent			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	? ☐ Yes ☑ No			\$500.00
If yes, list Event #	branches of government the contract is with:	□Ex	ecutiv	e Legisl	ative [V]110			
Method of contribution: ☐ Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 06/23/2023	Aggregate contributions \$500.00			
Last Name			Firs	i			·	M.I.
O'Keefe			Sea	an				
Residential Street Address		City				State	Zip Code	0400
145 Cedarwood Ln		Newing	,			CT	06111-	3102
Principal Occupation CEO			1	of Employer E Industries				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pros	pective state contractor	res		\$	1,000.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	eLegisl				
Method of contribution: ☐ Cash Personal Check ☐ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 06/23/2023	Aggregate contributions \$1,000.00	i		

\$1,750.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Dogo	138	of	151
Page	1.56	οı	131

NAME OF COMMITTEE (Provide Co	mplete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford	28,291,242,242,242,242,242,242,242,242,242,24				July 10 filing			1-1-1-1-1-1-1
A. Total Contributions from Small (See instructions for definition of Small)		Period O		Subtotal Section A				\$0.00
	B. Itemized C	Contributi	ions fr	om Individuals				
Last Name			First					M.I.
Pasqurell			Teri	ann				
Residential Street Address		City				State	Zip Code	1
123 Johanna Cir		Southin	gton			CT	06489-1	1223
Principal Occupation Executive Assistant			1	of Employer Ville Managemer	nt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		r _			∐ tes ✓ No			\$500.00
Method of contribution:	contract is with: Debit Card Payroll Deduction		ecutive	Date Received 06/23/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Stratoti			Ray	mond				
Residential Street Address		City				State	Zip Code	L
2 Aarons Way		East Ha	ampto	n		CT	06424-2	2001
Principal Occupation AA Officer			i	of Employer betta Companies	3			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If ves. indicate which branch or		or prosp	nective state contractor	i es			\$300.00
If yes, list Event #	branches of government the contract is with:	Exc	ecutive					
Method of contribution: ☐ Cash	Debit Card Payroll Deduction	Money Orde	er	Date Received 06/27/2023	Aggregate contributions \$300.00			
Last Name			First					M.I.
Oliveira			Mar	cio				
Residential Street Address		City				State	Zip Code	
427 Howe Ave, Apt 118		Shelton	···			CT	06484-8	3159
Principal Occupation Elite Fire Protection Services Inc.			Pipef	of Employer itter				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indicate which branch or	r	or prosp	_	∐ Yes ✓ No			\$300.00
Method of contribution: ☐ Cash	Debit Card Payroll Deduction			Date Received 06/28/2023	Aggregate contributions \$300.00			

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Prov	ide Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Arunan for Hartford						July 10 filing			
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
See instructions for definition of S	Small Cont	ributor)			Subtotal Section A				\$0.00
			ontributi	ons fi	rom Individuals	.]			30/35/45/93
Last Name				First					M.I.
Romeo				Fra	nk				
Residential Street Address	······································		City	L			State	Zip Code	
59 Autumn Dr			N Kings	town			RI	02852-4	135
Principal Occupation					of Employer				
Engineer				BEI.	A Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business t				Amoun	ıt of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	? ☐ Yes ✓ No			\$250.00
If yes, list Event #	№ 140	branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	ег	Date Received 06/29/2023	Aggregate contributions \$250,00			
Last Name				First					M.I.
Tomassetti				Ant	hony				
Residential Street Address			City				State	Zip Code	I.,,,,,
64 Nutmeg Dr			Merider	1			СТ	06451-2	1887
Principal Occupation Retired				Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business I				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	ii res		\$	1,000.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash ✓ Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$1,000.00)		
Last Name		,		First	İ				M.I.
Mohammed				Azi	z				
Residential Street Address			City	*			State	Zip Code	L
42 Wooding St, Fl 3			Bristol				CT	06010-4	1313
Principal Occupation Supervisor				I	of Employer Il Enterprises				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a star If yes, indicate which branch of		or pros	pective state contractor	∐ res		\$	1,000.00
If yes, list Event #	✓ No	branches of government the contract is with:	E _X	ecutiv	eLegisl	ative			
Method of contribution: Cash Personal Check	Credit/Debi		Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,250.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

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NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Arunan for Hartford					July 10 filing			200 200 000 200 200 200 200
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Co	ntributor)			Subtotal Section A				\$0.00
	B. Itemized C	Contributi	ions f	rom Individuals				SACES ES
Last Name			First					M.1.
Spellacy			Boi	urke				
Residential Street Address		City	.L			State	Zip Code	
1 Gold St, Apt 25H		Hartford	b			CT	06103-2	2932
Principal Occupation				of Employer				
Retired			Reti	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality dose contributor	or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a state	te contractor	or pros	pective state contractor	r? Yes	1		#050.00
event reported in Section E1?	If yes, indicate which branch or branches of government the)r			No	İ		\$250.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash Personal Check ☐ Credit/De	bit Card Payroll Deduction	Money Ord	er	Date Received 06/05/2023	Aggregate contributions \$250.00			
Last Name			Firs			•		M.I.
Morkan			Ch	ristopher				
Residential Street Address		City	•			State	Zip Code	
43 Wyngate		Simsbu	ry			CT	06070-	1020
Principal Occupation Executive			I	of Employer son Insurance Co	ompany			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/shc			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contracto	r? Yes]		\$300.00
If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:		ecutiv	eLegisl	ative No			φουσ.σσ
Method of contribution: Cash ✓ Personal Check Credit/De	oit Card Payroll Deduction	Money Ord	la u	Date Received	Aggregate contributions			
	or Card Frayton Dediction	_ Molley Old	.,	06/08/2023	\$300.00			
Last Name			First					M.I.
Valdez		1	Eliz	zabeth		1		
Residential Street Address 18 Briarwood Dr		City Simsbu	n/			State CT	Zip Code 06070-	1127
Principal Occupation		Oilliaba		of Employer			00070	1101
Engineer			1	t & Whitney				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	سمانيانانده ممماد بالزاميانيان	or business	he/she			Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state		or pros	pective state contractor	r? Yes			\$100.00
If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:	_	ecutiv	e	✓ No			φ του,υυ
Method of contribution: ☐ Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	er	Date Received 06/08/2023	Aggregate contributions \$100.00			

\$650.00	SUBTOTAL Section B - This Page
\$123,568.00	TOTAL of Section B Pages
\$123,568.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Arunan for Hartford				July 10 filing				
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Spalding			Ma	rk				
Residential Street Address		City				State	Zip Code	'
120 Terry Rd		Hartford				CT	06105-1	111
Principal Occupation			l	of Employer				
Attorney			City	of New Britain				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r			∐ Tes ✓ No			\$100.00
If yes, list Event #	contract is with:]Ex	ecutiv		ative			
Method of contribution: ☐ Cash	it Card Payroll Deduction	Money Ord	ег	Date Received 06/08/2023	Aggregate contributions \$100.00			
Last Name			First	l .				M.I.
Pollack			Elli	ot				
Residential Street Address		City	_			State	Zip Code	
87 Westerly Ter		Hartford				СТ	06105-1	116
Principal Occupation Attorney			į.	of Employer man & Comley				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amour	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	spective state contractor	? Yes			\$180.00
If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:		ecutiv	eLegisla	✓ No			φ100.00
Method of contribution: ☐ Cash	it Card Payroll Deduction	Money Ord	ler	Date Received 04/01/2023	Aggregate contributions \$180.00			
Last Name			First	ı				M.I.
Veerasamy			Arr	old				
Residential Street Address		City				State	Zip Code	
104 Hannah Ln		Covent				CT	06238-1	1283
Principal Occupation Electrician			1	of Employer Strical Power Solu	tions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch of		or pros	spective state contractor	res			\$500.00
If yes, list Event # ✓ No	branches of government the contract is with:	∏Ex	ecutiv					
Method of contribution: Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	ler	Date Received 05/03/2023	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$780.00
TOTAL of Section B Pages	\$123,568.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$123,568.00

I. MONETARY RECEIPTS (Sections A-	K)	Page	142	of	151
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REF	ORT			
Arunan for Hartford	July 10 filing				
Summary of Other Monetary Receipts (Sections D-K)					4,284,000
Total Loans Received this Period (Section D)					\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+ ·				\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+				\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+				\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	•			\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Arunan for Hartford				July 10 filing	1111	
	P. Expense	es Paid by Commi	ttee	•		
Name of Payee AL Media				Date of Payment 06/16/2023	Method of Check	
Street Address 222 W Ontario St, St	te 600	City Chicago	1	•	State IL	Zip Code 60654-3655
Purpose of Expenditure (by code) A-WEB	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Independent	ndent	ked)		\$100.00
Name of Payee Aruom, LLC				Date of Payment 04/28/2023	Method o	
Street Address 67 Russ St, Ste 3		City Hartford			State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description Rent		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous)	committee) Independent	ndent	ked)		\$400.00
Name of Payee Aruom, LLC				Date of Payment 04/28/2023	Method of Check	
Street Address 67 Russ St, Ste 3		City Hartford	<u> </u>		State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contro	committee)	ndent	ked)		\$69.18
Name of Payee Aruom, LLC				Date of Payment 06/02/2023	Method of Check	
Street Address 67 Russ St, Ste 3		City Hartford	.,,		State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description Rent		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under Mone of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	committee) Indeper	ndent	ked)		\$400.00

SUBTOTAL Section P - This Page	\$969.18
TOTAL of Section P Pages	\$30,615.52
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,615.52

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of

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing 1	Repository)		TYPE OF REPORT		
Arunan for Hartford July 10 filing						
	P. Expense	s Paid by Commit	tee			
Name of Payce Aruom, LLC				Date of Payment 06/02/2023	Method of Check Debit (# <u>1045</u>
Street Address 67 Russ St, Ste 3	· · ·			State CT	Zip Code 06106-5408	
Purpose of Expenditure (by code) OVHD	Description Rent		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) [Independent Committee]	ident	ked)		\$400.00
Name of Payee Aruom, LLC				Date of Payment 06/30/2023	Method of ✓ Check Debit 0	# <u>1062</u>
Street Address 67 Russ St, Ste 3		City Hartford			State CT	Zip Code 06106-5408
Purpose of Expenditure (by code) OVHD	Description Utilities		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (**Itemization in Addendum P Required un **] None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract).	e) Indepen	ndent	ked)		\$30.09
Name of Payee CCM & Co		and the state of t		Date of Payment 05/15/2023	Method of Check	#
Street Address 1022 Boulevard, # 32	20	City West Hartford			State CT	Zip Code 06119-1801
Purpose of Expenditure (by code) A-SIGN	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	re) Independent	ndent	ked)		\$200.00
Name of Payee Cristian Corza				Date of Payment 04/15/2023	Method of Check	# 1029
Street Address		City Hartford			State CT	Zip Code 06106-1744
1 Linden Pl, Apt 206 Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Tree Indepe	ndent	Cked)		\$1,750.00

\$2,380.09	SUBTOTAL Section P - This Page
\$30,615.52	TOTAL of Section P Pages
\$30,615.52	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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Street Address	NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	Salvasari	TYPE OF REPORT		
Name of Payee Cristlain Corza Criv Criv Criv Criv Criv Cristlain Corza Criv	Arunan for Hartford			en Haringalan	July 10 filing		
Cristian Corza Street Addess City Hartford City Hartford City Check # 1043 Debit Card Street City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City Cool Const. City City Cool Const. City City Cool Cool Cool Cool Cool Cool Cool Co		P. Expense	es Paid by Commi	ttee			
Hartford Hartford Hartford CT 00106-1:				₩		Check	# 1043
Expenditure # (if applicable) Type of Expenditure Itemization in Addendium P Required unless "Nome of the below" is checked)						1	Zip Code 06106-1744
Wome of the below (does not involve another candidate or committee) Independent Coordinated with reimbursement sought (joint expenditure) Organization:		Description		Event	1#		Amount
Cristian Corza	-	None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	re) Indepe	ndent			\$1,750.00
Linden Pl, Apt 206 Purpose of Expenditure (by code) CNSLT Type of Expenditure (lientization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D	Cristian Corza			:	ľ	Check	# 1051
Expenditure # (if applicable) Type of Expenditure (temization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (joint expenditure)						Ł	Zip Code 06106-1744
Whethough of the below (does not involve another candidate or committee) Independent Coordinated with reimbursement sought (joint expenditure) Organization: A B C D		Description		Event	t#		Amount
Cristian Corza Cristian Corza Crist		None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	committee) Independent	ndent			\$1,750.00
1 Linden Pl, Apt 206 Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution) Name of Payee Cristlan Corza Hartford Event # Amount \$1,75 Amount \$1,75 CT 06106-17 Amount \$1,75 Amount \$1,75 Purpose of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked) [Coordinated with reimbursement sought (joint expenditure) [Coordinated without reimbursement sought (in-kind contribution) Date of Payment O6/15/2023 Method of Payment O6/15/2023 Method of Payment O6/15/2023					•	Check	# 1052
Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) \$1,75			·			1	Zip Code 06106-1744
Without reimbursement sought (joint expenditure) Independent Coordinated with reimbursement sought (joint expenditure) Organization: A B C D Name of Payee Cristian Corza Date of Payment O6/15/2023 Method of Payment O6/15/2023 Debit Card EF	Purpose of Expenditure	Description		Event	1#		Amount
Cristlan Corza 06/15/2023 ☑ Check # 1057 ☐ Debit Card ☐ EF		None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	committee) Independent	ndent		**************************************	\$1,750.00
Street Address City State 7 in Code						Check	# <u>1057</u>
Hartford CT 0.6106-13			•			State CT	Zip Code 06106-1744
1 Linden Pl, Apt 206 Purpose of Expenditure (by code) CNSLT Event # Amount	Purpose of Expenditure	Description		Event	t #		
	Expenditure #	None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur	committee) Indeper	ndent			\$1,750.00

SUBTOTAL Section P - This Page	\$7,000.00
TOTAL of Section P Pages	\$30,615.52
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,615.52

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NAME OF COMMITTEE	. (Provide Complete Name as Registered with Filing)	Repository)		TYPE OF REPORT		
Arunan for Hartford July 10 filing						
	P. Expense	s Paid by Commit	tee			
Deliver 05/15/2023		Method of ☐ Check ✓ Debit (#			
Street Address PO Box 100970		City Arlington			State VA	Zip Code 22210-3970
Purpose of Expenditure (by code) A-OTH	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (*Nemization in Addendum P Required under September 1). None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind contract).	committee) e) Indeper	ndent	ked)		\$3,562.73
Name of Payee Kylee Dostie				Date of Payment 04/01/2023	Method of Check	# 1042
Street Address 1472 Stratford Rd, Ap	ot B	City Mansfield			State CT	Zip Code 06268
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	committee) e) Independent	ndent	ked)		\$500.00
Name of Payee Kylee Dostie				Date of Payment 05/01/2023	Method of Check	# 1048
Street Address 1472 Stratford Rd, A	ot B	City Mansfield			State CT	Zip Code 06268
Purpose of Expenditure (by code) CNSLT	Description		Even	ŧ#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in 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 control	committee) Indeper	ndent	ked)	***************************************	\$500.00
Name of Payee Luz Holmes				Date of Payment 04/15/2023	Method of Check	# <u>1030</u>
Street Address 51 Clinton St		City New Britain			State CT	Zip Code 06053-3590
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	A B C D		\$2,000.00

SUBTOTAL Section P - This Page	\$6,562.73
TOTAL of Section P Pages	\$30,615.52
COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,615.52

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of

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Arunan for Hartford				July 10 filing		
	P. Expense	es Paid by Commi	ttee		An en Cons	
Name of Payce Luz Holmes				Date of Payment 04/19/2023	Method of Check	# 1035
Street Address 51 Clinton St		City New Britain		<u> </u>	State CT	Zip Code 06053-3590
Purpose of Expenditure (by code) RMB	Description		Even	t.#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required usured to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated without reimbursement sought (in-kind control of the Coordinated with reimbursement sought)	r committee) Indepen	ndent	ked)		\$180.00
Name of Payee Luz Holmes				Date of Payment 04/19/2023	Method of Check	# 1034
Street Address		City New Britain			State CT	Zip Code 06053-3590
51 Clinton St		New Dinam			UI .	00053-3590
Purpose of Expenditure (by code) RMB	Description		Even	i #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	ked)	:	\$200.00
Name of Payee Luz Holmes				Date of Payment 04/19/2023	Method of Check	# 1040
Street Address 51 Clinton St		City New Britain			State CT	Zip Code 06053-3590
Purpose of Expenditure (by code) CNSLT	Description		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	cked)	A SAN TANAN AND A SAN TANAN AN	\$2,000.00
Name of Payee Luz Holmes				Date of Payment 04/19/2023	Method of Check	# 1033
Street Address 51 Clinton St		City New Britain			State CT	Zip Code 06053-3590
Purpose of Expenditure (by code) RMB	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	r committee) Indepe	ndent	cked)		\$482.27

SUBTOTAL Section P - This Page	\$2,862.27
TOTAL of Section P Pages	\$30,615.52
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,615.52

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Arunan for Hartford				July 10 filing		
	P. Expense	s Paid by Commit	ttee			
Name of Payee Luz Holmes				Date of Payment 04/19/2023	Method of Check Debit	# 1036
Street Address 51 Clinton St		City New Britain		1	State CT	Zip Code 06053-3590
Purpose of Expenditure (by code) RMB	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continuous).	re) Indeper	ndent	ked)		\$69.39
Name of Payce Luz Holmes				Date of Payment 05/15/2023	Method of Check	# 1049
Street Address		City New Britain			State CT	Zip Code 06053-3590
51 Clinton St	Description	Non Dimuni	Even	f #	ļ .	
Purpose of Expenditure (by code) CNSLT	Description					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	rked) □A □B □C □D	- control and the control and	\$2,000.00
Name of Payee Luz Holmes		August 1984 Annual Annu	0400 Care	Date of Payment 06/01/2023	Method of Check	# 1055
Street Address 51 Clinton St		City New Britain		•	State CT	Zip Code 06053-3590
Purpose of Expenditure (by code) CNSLT	Description	A	Even	(#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate oser Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind control of the con	r committee) re) Indepe		cked)		\$2,000.00
Name of Payee Sincere Lawson				Date of Payment 06/02/2023		f Payment # 1053 Card EFT
Street Address 41 Dean St		City Hartford			State CT	Zip Code 06114-1027
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind control of the contro	or committee) Indepo		cked)	To the state of th	\$1,500.00

\$5,569.39	SUBTOTAL Section P - This Page
\$30,615.52	TOTAL of Section P Pages
\$30,615.52	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTEE	B (Provide Complete Name as Registered with Filing .	Repository)		TYPE OF REPORT		
Arunan for Hartford				July 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee Sincere Lawson				Date of Payment 06/15/2023	Method of Check	# 1058
Street Address 41 Dean St		City Hartford			State CT	Zip Code 06114-1027
Purpose of Expenditure (by code) CNSLT	Description	•	Eveni	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) e) Indeper	ident	ked)		\$1,500.00
Name of Payee Alan Lazowski				Date of Payment 05/04/2023	Check	f Payment t # Card EFT
Street Address 1 Financial Plz		City Hartford			State CT	Zip Code 06103-2608
Purpose of Expenditure (by code) REF	Description Refund of check contribution		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind conti	committee) Indeper	ndent	cked)		\$1,000.00
Name of Payee NGP-VAN			·	Date of Payment 05/02/2023	Method o Check	
Street Address 1445 New York Ave	NW, Ste 200	City Washington			State DC	Zip Code 20005-2158
Purpose of Expenditure (by code) OVHD	Description NGP Van		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	committee) Indepe	ndent	cked)		\$323.20
Name of Payee NGP-VAN				Date of Payment 06/28/2023	Method of Check	
Street Address 1445 New York Ave	NW, Ste 200	City Washington			State DC	Zip Code 20005-2158
Purpose of Expenditure (by code) OVHD	Description NGP Van		Even	at #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	Cked)		\$323.20

SUBTOTAL Section P - This Page \$3,146	6 40
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TOTAL of Section P Pages \$30,619	5.52
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$30,615	5.52

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	(2000) (2000)	
Arunan for Hartford				July 10 filing	Company of the Art July 1997	
	P. Expense	es Paid by Commit	ttee			
Name of Payee Piggy's Cafe				Date of Payment 05/01/2023	Method of Check	#
Street Address 69 Hawthorn St		City Hartford			State CT	Zip Code 06105-3514
Purpose of Expenditure (by code) FOOD	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous)	committee) Indeper	ndent	ked)		\$925.28
Name of Payee Tees & More LLC				Date of Payment 04/19/2023	Method of Check	#_1038
Street Address		City Hartford			State CT	Zip Code 06114
Purpose of Expenditure (by code) MISC	Description Tshirts		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contro	re) Indepe	ndent	ked)		\$212.70
Name of Payee Tees & More LLC				Date of Payment 04/19/2023	Method of Check	#_1039
Street Address		City Hartford			State CT	Zip Code 06114
Purpose of Expenditure (by code) MISC	Description Tshirts		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the cont	committee) Indepen	ndent	ked)		\$212.70
Name of Payee The Charles				Date of Payment 06/21/2023	Method of Check ✓ Debit (#
Street Address 161 Main St		^{City} Wethersfield			State CT	Zip Code 06109-2339
Purpose of Expenditure (by code) FNDR	Description Food		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	ked)		\$557.77

SUBTOTAL Section P - This Page	\$1,908.45
TOTAL of Section P Pages	\$30,615.52
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,615.52

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NAME OF COMMITTEE	3 (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Arunan for Hartford				July 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee West Indian Social C	lub			Date of Payment 04/19/2023	Method of Check	1037
Street Address 3340 Main St		City Hartford	•		State CT	Zip Code 06120-1109
Purpose of Expenditure (by code) A-SIGN	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in V None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	committee) Indeper	ident	d) □A □B □C □D		\$200.00
Name of Payee Zoom Video Comms.				Date of Payment 06/13/2023	Method of Check	#
Street Address 55 Almaden Blvd, Fl	6	City San Jose			State CA	Zip Code 95113-1608
Purpose of Expenditure (by code) OVHD	Description Zoom account		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	committee) Indeper	ndent	d) A B C D		\$17.01

SUBTOTAL Section P - This Page	\$217.01
TOTAL of Section P Pages	\$30,615.52
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,615.52

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