### **SEEC FORM 20**

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

TOWN & CITY CLERK

2023 JUL 10 PM 2: 22

Do Not Mark in This Space For Official Use Only

#### **COVER PAGE**

		COVI	71 <b>\</b> 1 1	TOE	- 19 Jen	
1. NAME OF COMMITTEE						
Alex for Hartford						
2. TREASURER NAME						
First		MI	Last			Suffix
Camryn			Kessler			
3. TREASURER ADDRESS						1
Street Address	Activities and the second second	City	у	Market Market Control of the Control	State	Zip Code
73 Imlay St		Ha	artford		СТ	06105
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGH	HT (Complete on	ly if Candidat	e Committee)	<b>,</b>	6. DISTRICT NUMBER
(mm/dd/yyyy) 11/07/2023	City Council	<u> Marine de Proposition de la companya de la compa</u>	274.5 str. 10. sec.		<u> </u>	(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory	y Committee)				
First		MI	Last		and the second of the second o	Suffix
Alex			Thoma	ıs		
8. TYPE OF REPORT (Check One Box)	I					1
O January 10 filing	7th day precedi	ing primary	O7th	day preceding referendum	Initial Cont	ribution or Disbursement
April 10 filing	30 days following primary		<b>O</b> 45	days following referendum	(PACS ONLY)  O Amendmen	
OJuly 10 filing	7th day precedi	ing election	<b>O</b> De	ficit	Type of Rep	oort;
October 10 filing	O12th day preced		<b>⊘</b> Tei	rmination	•	
O24 Hour Independent Expenditure Primary Election	O45 days followinot held in Nov					
9. PERIOD COVERED						
	Beginning Date	e		Ending Date		
	April 1, 2023		thru	June 30, 2023	<del></del>	
10. CERTIFICATION						
I hereby certify and state, under p Disclosure Statement for the pe					this Itemized Can	npaign Finance
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PRI	M/// NT NAME	n Kessler of signer		7//0/23 DATE (mm/dd/yyyy)
A nerson who is	found to have kno	winolv and u	villfullv vi	iolated any provisions of t	the campaion fine	mea statutos

faces a civil penalty or imprisonment or both.

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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) Alex for Hartford	TYPE OF REPORT July 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	2,382.60	
13. Contributions Received from Individuals (Sections A and B)	1,919.00	5,212.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
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)	1,919.00	5,212.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	4,301.60	5,212.00
19. Expenses Paid by Committee (Section P)	113.00	1,023.40
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4,188.60	4,188.60
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)	377.64	377.64
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	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Alex for Hartford		July 10 filing	
			with the second
A. Total Contributions from Small Contributors-Rece	ived this Period ONLY SUBTOTAL SECTION A	\$	
<b>M</b> anada Manada			
B. Itemized C	ontributions from Indi	viduals	
Last Name	First		MI
Bryan	Val		
Residential Street Address	City		State Zip Code
180 Beacon St	Hartford		CT 06105
Principal Occupation retired	Name of Employer retired		
		A'	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the following of the contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?		act with said municipality	Amount of Contribution \$50
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 by of government the contributor aprincipal of If yes, indicate which by of government the contributor.		No No	
Method of Contribution:	Date Received	Aggregate Contributions	
Cash Personal Check OCredit/Debit Card Payroll Deduction OMon	ey Order 4/13/23	\$50	
Last Name McBee	First Jackie		MI
Residential Street Address	City		State Zip Code
9 Woodland Ave	Bloomfield		CT 06002
Principal Occupation	Name of Employer		
retired	retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?		ct with said municipality	Amount of Contribution \$25
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of If yes, indicate which be of government the cont		state contractor? Yes No	
Method of Contribution:	Date Received	Aggregate Contributions	1
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order   4/26/23	\$25	
Last Name	First	•	MI
O'Connell	Laura		
Residential Street Address 23 Tedwin Farms Rd	City Rocky Hill		State Zip Code CT 06067
Principal Occupation	Name of Employer		0, 10000,
Manager	Allegiance Trucks	3	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	0 to a candidate for a chief execu	tive officer of a municipality	Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sl valued at more than \$5,000?		act with said municipality	\$50
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of If yes, indicate which be of government the contributor.		<b>O</b> No	
Method of Contribution:	Date Received	Aggregate Contributions	
Cash Personal Check OCredit/Debit Card Payroll Deduction OMon	ey Order 4/27/23	\$50	
SUE	BTOTAL Section B — Th	is Page \$125	
ATOT	L of additional Section B	Pages \$1794	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INDIVIDUALS (Section e 13, Column A of Summary Pag		

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

NAME OF COMMI Alex for Hartford	ITEE (Provide Complete	e Name as Registered w	ith Filing Repos	itory)		TYPE OF REPORT July 10 filing	
		C1, C	ontributio	ons from O	ther Comi	mittees	
Name of Committee		<u></u>		,	Name of Trea	surer	
Address				Is this contri event report	ed in Section L	ted with an Oyes ONo .1? list Event #	Amount of Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee	<u>Okazana (kali kali kali kali kali kali kali kali </u>		<u> </u>		Name of Trea	surer	
Address				Is this contri event report	ed in Section L	ted with an Yes No 1? list Event #	Amount of Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee			<u> </u>		Name of Trea	surer	
Address				Is this contri	bution associated in Section L	Amount of Contribution	
City	· • • • • • • • • • • • • • • • • • • •	State	Zip Code	Date Rece	ived	Aggregate Contributions	-
Name of Committee	C2. R	eimbursement	s or Surpl	lus Distribi	Name of Trea	n other Committees	
Address				City			State Zip Code
Date Received	Expenditure #	Payment Type				Amount of Receipt	
	(if applicable)	Reimburseme	ent for shared	expense OS	urplus Distribu	tion	Amount of Accespt
Description							
Name of Committee					Name of Treas	SHIET	
Address				City			State Zip Code
Date Received	Expenditure # (If applicable)	Payment Type  Reimburser	nent for share	d expense	Surplus Distri	bution	Amount of Receipt
Description							
			SUBTO	OTAL Sectio	n C — This	s Page	
				of additiona			
		ALL COMMITT C1 + C2) (Enter to					

NAME OF COMMITTEE (Provide Complete Name as Registered with	**********	Contract Contract		The All Control of the Control of th	REPORT		
Alex for Hartford		·	<u> </u>	July 10 filing			
I	). Loans	Receiv	ed this Period				
Name of Lender			Source of Loan:	Para Amainian	· O Out	Date of Receipt	
			OBank OCano		Committee		
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
6	Lov			1.00	Ter o		
Street Address	City			State	Zip Code		
Name of Lender			G CI				
Name of Lender			Source of Loan:  Bank Canc	lidate 🔘 Individu	al Other	Date of Receipt	
Street Address	City			State	Committee Zip Code	Is there a Cosigner or	
						Guarantor of this loan?  Yes No	
Name of Cosigner/Guarantor (if applicable)	<u> </u>		1 10 11 11 11			Amount Received	
Street Address	City			State	Zip Code		
Name of Lender			Source of Loan:  OBank O Cano	didate 🔘 Individu	al Other	Date of Receipt	
Street Address	City			State	Committee Zip Code	Is there a Cosigner or	
					•	Guarantor of this loan?  O Yes O No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address	City			State	Zip Code		
					Sup Code		
			TOTAL SECTI	ION D	<u> </u>		
				Y.Y.P	1 87 43811		
E. Receipts from Entities other that	an Indiv	iduals o	or Other Comr	nittees <i>(Refere</i>	ndum Committe	es ONLY)	
Name of Entity							
A	······································			In . n . 1			
Street Address				Date Received		Amount Received	
City		State	Zip Code	Aggregate Contri	butions		
Name of Entity		1					
Street Address				Date Received		Amount Received	
City		State	Zip Cođe	Aggregate Contri	outions		
· · · · · · · · · · · · · · · · · · ·		Diato	Zip Codv	Aggregate Collin	nutous		
Name of Entity	···········						
Street Address	1			Date Received		Amount Received	
City		State	Zip Code	Aggregate Contri	butions		
	designations de la receiva de la			an ann at the transition to the first term.	<b>*</b> : .	, .	
			TOTAL SECT	ION E			

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

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NAME OF COMMITTEE (Pro	vide Complete Name as Regist	tered with Filing I	Repository)			FREPORT			
Alex for Hartford					July 10	filing			
	aount Transferred	from Affil	iated Bu	isiness Treasury <i>(Bi</i>	usiness Entity	Committees ONLY)			
Date of Receipt	Is this transaction associ event reported in Section		OYes O No	If yes, list Event #		Amount			
Date of Receipt	Is this transaction associ		OYes No	If yes, list Event #		Amount			
Date of Receipt	Is this transaction associ event reported in Section		8 Yes No	If yes, list Event #		Amount			
Date of Receipt	Is this transaction associ		SYes No	If yes, list Event #		Amount			
				TOTAL SECT	ION F				
G. Amount Transf	erred from Affilia	ted Labor	Union o	r Other Organizati	ion Treasur	y (Organization Committees ONLY)			
Date of Receipt		Date of Receipt			Date of Reco	of Receipt			
Amount	ť		Aı	mount	Amount				
				TOTAL SECTIO	)N G				
Н. Э	Personal Funds of	the Candid	date Rec	eived this Period (	Candidate Con	nmittees ONLY)			
Date of Receipt	Method of payment:	With the second	W35004TL	Belling Democratic Control of the Co	MESSERIES CONTRACTOR OF THE SECOND OF THE SE	Amount			
	<b>O</b> Cash	<b>O</b> P	Personal Che	eck Credit/De	ebit Card				
Date of Receipt	Method of payment:  Cash	O p	Personal Che	cck Credit/Del	ebit Card	Amount			
Date of Receipt	Method of payment:					Amount			
	<b>O</b> Cash	<b>O</b> P	Personal Chec	ck Credit/Del	ebit Card				
Date of Receipt	Method of payment:  Cash	<b>O</b> P	Personal Chec	ck Credit/Del	ebit Card	Amount			
				TOTAL SECT	TION H				
		I. An	onymous	s Contributions					

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

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

Page 7 of 17

NAME OF COMMITTEE (Provide Complete Alex for Hartford	Name as Registered with Filing Repository)		PE OF I	REPORT	
Alex for rial dold	T. L. A. S. D. W. L. A. A.		y 10 m	my	
Name of Institution	J. Interest from Deposits in Auth		te Receiv	ed	Amount
IAND OF FIREIGNACI					Amount
Street Address	City	State		Zip Code	
Name of Institution		Da	te Receiv	ed	Amount
Street Address	City	State		Zip Code	
	TO	TAL SECTION J			
K. M	Aiscellaneous Monetary Receipts not			ons	
Name			Date o	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date o	of Transaction	Amount Received
Street Address	City		State	Zîp Code	
Description		<u>i</u>			
Name			Date o	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description				<u> </u>	
Name			Date o	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTA	L SECTION K			
SUMMA	ARY OF OTHER MONETARY REC	EIPTS (Sections	D thro	ough K)	
Total Loans Received this Period (Se	ction D)				
Total Receipts from Entities other tha	nn Individuals or Other Committees (Section I	E)	+		
Total Amount Transferred from Affil	liated Business Treasury (Section F)		+		
Total Amount Transferred from Affil	liated Labor Union or Other Organization Tro	easury (Section G)	+		
Total Amount of Personal Funds of the	he Candidate Received this Period (Section H	(i)	+		
Total Amount of Interest from Depos	its in Authorized Accounts (Section J)		+		
	ots not Considered Contributions (Section K)		+		
		ther Monetary R		SAN A.	

		1711 1 (Sections 21			
NAME OF COMMITTEE Alex for Hartford	(Provide Complete Name as Registered with Filing Repository)	)	TYPE OF REPORT April 10 filing		
	L1. Even	nt Information			
Event # Date of Event Letter 05/06/23 A	Description COBA Fundraiser			Was this a fu  Yes	ndraising event
Location: Street Address		City		State	Zip Code
81 Pope Park Hwy		Hartford		ст	06116
Subpart 1: (All Commit Was this event hosted at			5 In-Kind Donations ruse Party and complet st(s) for food, beverage	e required info	rmation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$	
		mittees other than Exploratory OYes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		ı Program Book
Did your committee sell	food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	ceipts here.)	\$	
Event # Date of Event Letter 06/24/23 A	Description Michtom Birthday Fundraiser			Was this a fur	ndraising event
Location: Street Address 135 Madison Ave		City Hartford		State CT	Zip Code 06106
Subpart 1: (All Committee Was this event hosted at			5 In-Kind Donations nuse Party and completet(s) for food, beverage a	e required infor	mation for any
	de goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Conu advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.			Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	rom Sale of Donated Items —	This Page		
		tion L1—Subpart3 <i>(Town Commi</i> Pipts from Food Purchases —		•	
		TOTAL of additional Section	ı Lı Pages		<u> </u>
		EIPTS FROM SMALL PUI In Line 16a, Column A of Summary		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

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

				nittees are no longer requor a sale of donated item			
NAME OF COMMITTEE	(Provide Complete Name as Registere	ed with Filing Reposito	ore)	TYPE OF REPOR	RT	Lancon Control of Control	
Alex for Hartford	(1.0		•//	July 10 filing			
	L3. Purchase	s of Advertisir	ng in a Progra	am Book or on a Sign			
Name of Purchaser		*			l	se Made By:	
						siness Entity	Other
			T		OInd	tividual/Sole Pr	·
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise z	Amount of Sig	n Purchase
Name of Purchaser					Purchas	se Made By:	
					I I	•	Other
			· · · · · · · · · · · · · · · · · · ·		OInd	lividual/Sole Pr	
Street Address			City			State	Zip Code
_ ~	T	Dywahaga	C + 11 T24n	T			h
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se /	Amount of Sig	n Purchase,
Name of Purchaser						se Made By:	
					! =		Other
			T		Olnd	fividual/Sole Pr	,
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise /	Amount of Sig	n Purchase
Name of Purchaser					Purchas	se Made By;	
					OBu	siness Entity	Other
		<u> </u>			O Ind	lividual/Sole Pr	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se	Amount of Sig	n Purchase
Name of Purchaser		<u></u>		1	Purchas	se Made By;	
Think of a second					OBus	siness Entity	Other
~			Lav		Olnd	lividual/Sole Pr	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	Program Book — This Page			
	SUBTOTAL Section	on L3 Total Purc	hases of Adverti:	sing on a Sign — This Page			
			TOTAL of a	additional Section L3 Pages			
TOTA	L OF ALL PURCHASES O			AM BOOK or ON A SIGN  A of Summary Page Totals)			

	EE (Provide Complete Name	as Registered with Filing Repo	ository)	TYPE OF REP	ORT		
Alex for Hartford				July 10 filing			
	L	4. In-Kind Donatio	ons Not Cons	idered Contributions			
Name of Donor							
Street Address			City			State	Zîp Code
							-7 -530
Donation Given By:	Description of Donation				Fair N	Iarket Va	lue of Donation
Business Entity							oc ox Dominon
	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation				Fair M	Iarket Va	lue of Donation
OBusiness Entity OBusiness Entity	Date Received	Event #		Agaragete Vision Const. 1. Done			
Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor			Community of the Commun			····	
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair M	larket Va	lue of Donation
Business Entity							
Olndividual Osole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
O sole i ropitetorsinp							<del></del>
Name of Donor							
			la.				1
treet Address			City			State	Zip Code
Donation Given By:	Description of Donation						
Business Entity	Description of Donation				Fair M	[arket Va]	ue of Donation
O Individual	Date Received	Event #		Aggregate value for this Event			
Sole Proprietorship							
	1	I	IIRTOTAI Sent	ion L4 — This Page		·	
		اد	ODIOIME SEU	101 TA — 1102 I SRE			
		тс	OTAL of additio	nal Section L4 Pages			
TO	FAL OF ALL IN-KINI	DONATIONS NOT (Enter total on Line 2					
							<del></del>

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

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Rep	ository)		TYPE OF RE	PORT	
Alex for Hartford				July 10 filir	ng	
	L5. In-Kind Donations Not Conside	ered Contributions Asso	ciated with a I	Iouse Par	ty	
Name of Host			committee?		o	one candidate
Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
Description of Donation				Fair Ma	rket Value	e of Donation
event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—ti	his host/candidate			
Jame of Host			committee?	OYes ON	o	one candidate
			If yes, co	mplete Itemiz		
Street Address		City			State	Zip Code
Description of Donation	and the second s		·	Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—ti	his host/candidate	-		
Name of Host			committee?	L supporting m Yes O N omplete Itemiz	О	one candidate
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	his host/candidate			•
Name of Host			committee?	supporting m OYes ON omplete Itemiz	o	one candidate
Street Address		City	1,770,00		State	Zip Code
Description of Donation				Fair Ma	 rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—ti	his host/candidate	1		
		SUBTOTAL Section L5	— This Page	<u> </u>		
		TOTAL of additional Sect	ion L5 Pages			
	AL OF ALL IN-KIND DONATIONS NO ITH A HOUSE PARTY (Enter total on	OT CONSIDERED CONT Line 22, Column A of Summ				

#### III. NONMONETARY RECEIPTS (Sections M—O)

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NAME OF COMMITTEE (Provide Complete	Name as Reg	istered with	Filing Repository)			ТҮРЕ О	F REPORT			
Alex for Hartford						July 10	filing	· · · · · · · · · · · · · · · · · · ·		
			M. In-Kind C	ontr	ibutions					
Name										
Street Address				Ci	ty			State	Zip Code	
Type of contributor: Committee	Date Receiv	ed	Aggregate Contribution		Description of In-Kine	d Contribution	า			
OIndividual / Sole Proprietorship Oother				•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			
Is contributor a lobbyist, spouse, Yes	If contrib	ution is in	Lexcess of \$400 to a car	ndidat	e for a chief executive	officer of a	municipality,			
or dependent child of a lobbyist? No		ributor or l more than	ousiness he/she is asso \$5,000?	ciated	with have a contract v	vith said mu	micipality	Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	or a principal of a state contractor or prospective state contractor?  No endicate which branch or branches executive Legislative							
Name										
Street Address				Ci	ty			State	Zip Code	
Type of contributor:  Committee	Date Receive	ed	Aggregate Contributions	<u> </u>	Description of In-Kine	d Contribution	1	1		
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		excess of \$400 to a car business he/she is ass a \$5,000?						Market Value Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	tor a principal of a state indicate which branch riment the contract is	or br		_	<b>O</b> No			
Name			18				<u> </u>			
Street Address			•••	Ci				State	Zip Code	
Dilect Address					ij		•	Sidio	Zip code	
Type of contributor: OCommittee	Date Receive	ed	Aggregate Contributions	s	Description of In-Kind	1 Contribution	1			
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		excess of \$400 to a cabusiness he/she is asset \$5,000?						Market Value Contribution	
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	<i>If yes</i> , i	tor a principal of a state indicate which branch inment the contract is	or br		_	<b>⊘</b> No			
			SUBTOTA	AL Se	ection M — This Pa	age				
			TOTAL of a	dditi	onal Section M Pa	ges				
TOTAL OF ALL IN-KIND CON	TRIBUT	IONS (E	nter total on Line 23, C	Columi	ı A of Summary Page T	Cotals)				
	N.	Refund	lable Deposit to	Tel	ephone Compa	ny				
Last Name of Individual	***************************************		First	***************************************			MI	Date Deposi	t Made	
Residential Street Address			City			State	Zip Code		Amount of Deposit	
Name of Telephone Company						<u> </u>		_		
			Γ.			1-				
Street Address			City			State	Zip Code			
TOTAL SE	ECTION	N (Enter i	l otal on Line 24, Colu	mn A	of Summary Page To	fals)				

#### IV. EXPENDITURES (Sections P—T)

Page	12	αf	17
1 12 5	1.7	w	11 /

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT  July 10 filing				
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
Canva 5/8/23				O Check #
Street Address		City		O Debit Card OEFT State Zip Code
110 Kippax St		NSW 2010, Australia		State Zip Code
Purpose of Expenditure (by code) A-OTH	Description Graphic design	Eve	ent #	Amount \$27.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Independent		
Name of Payee			Date of Payment	Method of Payment:
Anedot			var	O Check #
		1 Oin		O Debit Card OEFT State Zip Code
Street Address		City		
1340 Poydras Stre		New Orleans	and II	LA 70112
Purpose of Expenditure (by code) WEB	Description	DAC	તા મ	Amount
MFR	Fundraising fees			\$86.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-kind contract)	e) Independent	OA OB OC OD Date of Payment	Method of Payment:
Name of Payee			Date of Paymen	Check #  Debit Card © EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Eve	ent#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind con	ire) 🚺 Independent		
Name of Payee			Date of Payment	Method of Payment:  Check #
Street Address		City		O Debit Card O EFT State Zip Code
Purpose of Expenditure (by code)	Description	Eve	ent#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control of th	re)		
		SUBTOTAL Section P — TI	nis Page \$113.00	
	TO	TAL of additional Section I	P Pages	
	TOTAL OF ALL EXPI (Enter total on Lin	ENSES PAID BY COMM e 19, Column A of Summary Pag	ITTEE ge Totals) \$113.00	

### IV. EXPENDITURES (Sections P—T)

Page 14 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor)	)	TYPE OF REPOR	Ť	
	Q. Campaign Exp	enses Paid by Cand	idate		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	▼	Date of Payment	Is rein	ibursement claimed?
ABC Pizza House			5/6/23	0	Yes <b>()</b> No
Street Address		City		State	Zip Code
287 New Britain A	ve	Hartford		СТ	06106
Purpose of Expenditure (by code) FOOD	Description Pizza for fundraiser		Event # 050623A	\$125.	Amount 28
Name of Payee (Name of V	rendor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	nbursement claimed?
Total Wine & More			5/6/23	0	Yes 🙆 No
Street Address		City		State	Zip Code
1451 New Britain /	Ave	Hartford		CT	06106
Purpose of Expenditure (by code)	Description Beverages for fundraiser		Event # 050623A	\$121.	Amount 27
Name of Payee (Name of V	l Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	nbursement claimed?
Stop & Shop			6/24/23	0	Yes 💿 No
Street Address		City		State	Zip Code
150 New Park Ave		Hartford		СТ	06106
Purpose of Expenditure	Description		Event #		Amount
(by code) FOOD	Food and beverages for fundraiser		062423A	\$42.4	8
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is rein	bursement claimed?
cvs			6/24/23	0	Yes 🕟 No
Street Address		City		State	Zip Code
1044 Boulevard		West Hartford		СТ	06119
Purpose of Expenditure (by code)	Description		Event #		Amount
FOOD	Food and beverages for fundraiser		062423A	\$31.6	)
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?
Gulf Oil			6/24/23	0	Yes 🗿 No
Street Address		City		State	Zip Code
611 Maple Ave		Hartford		СТ	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
Purpose of Expenditure (by code) FOOD	Ice for fundraiser		062423A	\$57.00	Ü
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment		bursement claimed? Yes 🔘 No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
	1	SUBTOTAL Section Q —	-This Page \$377.64	<u> </u>	
	<b>T</b> 0	TAL of additional Section	on Q Pages		
	TOTAL OF ALL EXP (Enter total on Lin	PENSES PAID BY CA ne 26, Column A of Summary			

#### IV. EXPENDITURES (Sections P—T)

Page 15 of 17

NAME OF COMMITT	COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT  July 10 filing				
Alex for Hardord	R. Expenses Incurred	d on Committee Cre			
Name of Issuing Insti		Type of Credit Card:	<u> </u>		er er eleg un eid uperr de le de bereik en transferier
Ÿ		Visa Master C	Card Discover OAmeric	an Express	Other:
Name of Vendor, Person of	or Entity		-	Date of T	ransaction
	•				
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	ture) 🚺 Indep			
Name of Vendor, Person	or Entity	· · · · · · · · · · · · · · · · · · ·		Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	-l	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind co	iture) 🔘 Indep		<b>,</b>	
Name of Vendor, Person	or Entity			Date of T	Transaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture) 🔘 Indep			
	St	JBTOTAL Section R —	This Page		-
	тот	AL of additional Section	n R Pages		
TO	TAL OF ALL EXPENSES INCURRED ON ( (Enter total on Line)	COMMITTEE CRED 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
			July 10 filing		
	S. Expenses Incurred by Com	mittee but Not Paid	During this Period		
Name of Creditor				Date Incur	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture)		Đ	
Name of Creditor				Date Incur	ned
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		nount Incurred atimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe		<b>=</b>	
Name of Creditor	A SAME AND			Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		nount Incurred stimate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe		D	
		SUBTOTAL Section	S-This Page		
		FOTAL of additional Sec	tion S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT ine 28, Column A of Summe			
	Previously reported Exp	penses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Liv	O BY COMMITTEE BU' ne 28a, Column A of Summa			

				MD AU AT	DOD#		
NAME OF COMMITTE  Alex for Hartford	EE (Provide Complete Name as Registered with Filing Repo	sitory)		PE OF RE ly 10 filin			
, ack for fluidioid	T. Itemization of Rei	mbursements					
Last Name of Worker/Con	State (per per per per per per per per per per	First	man vervium j 1 e	., ~~	мі		Payment to Vendor,
East Ivano di Worker con	Sulvan					Person	or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					Committee	Worker/Consultant as
				C Chec	Section P:	_ <b>O</b> D	ebit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Reg.  None of the below Coordinated with reimbursement sought (joint e) Coordinated without reimbursement sought (in-	expenditure)	of the below" is checked,  Independent Organization: o A	0 0	) (O		
Last Name of Worker/Con	sultant	First			MI		Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant				Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Red  None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure)	Of the below is checked.  Ondependent Organization: O.A.	0 0	) () () () ()		
Last Name of Worker/Cor	asultant	First			МІ		Payment to Vendor, or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant	, , , , , , , , , , , , , , , , , , , ,		Payment t	o Reimburse	Committee	Worker/Consultant as
,				reported i	n Section P: ck #	_ <b>O</b> D	ebit Card CEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Reg.  None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure)	of the below" is checked.  Independent Organization: o A	0	) O		
		SUBTOTA	L Section T — This P	age			
		TOTAL of a	lditional Section T Pa	ges			
TOTAL OF ALI	. REIMBURSEMENT TO COMMITTE	E WORKERS	AND CONSULTAN	TS		- 1	

## Section B ADDITIONAL PAGE 1 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF R	EPORT	na kuli N		
Alex for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ( SUBTOTAL SECT					
B. Itemized Con		n Individuals	43	· .		
Last Name Dezi	First Daniel				М	
	City		Is	tate 2	Zip Code	
	Avon				06001	
Principal Occupation	Name of Emp	oyer				
Analyst	Connection	Care				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with hav	e a contract with said mu ONo	nicipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a section L1?  If yes, indicate which branches of government the contract	ich or branches	Executive CLegislati	Yes No ve			
Method of Contribution:  Cash Personal Check Cedit/Debit Card Payroll Deduction Money	Order Date Received 4/30/23	Aggregate Co \$25	ntributions			
Last Name	First		<del></del>		МІ	
White	Sarah					
Residential Street Address 167 Beacon St	City Hartford				Zip Code 06105	
Principal Occupation	Name of Emp	over		′'		
Attorney	1	ousing Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves does contributor or business he/she valued at more than \$5,000?	to a candidate for a cl is associated with hav O Yes	e a contract with said mu	municipality, nicipality	Amoui \$25	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contractions of the contraction of the	nch or branches	spective state contractor?  Description:	No			
Method of Contribution:	Date Received	00 0	ntributions			
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		\$25	· . · · · · · · · · · · · · · · · · · ·		M	
Last Name Karbassion	Arrian				MI	
Residential Street Address	City			state .	Zip Code	
287 Elmwood Circle	Cheshire		(	CT	06410	
Principal Occupation Unemployed	Name of Emp	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		e a contract with said mu		Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Yes No Is contributor a principal of a lifyes, indicate which brain of government the contract	nch or branches	spective state contractor?  Executive C Legislat	<b>⊙</b> No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received	Aggregate Co \$10	ntributions			
SUB <sup>1</sup>	FOTAL Section	B This Page \$60	)			
TOTAL of additional Section B Pages \$1859						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS 13, Column A of Sun	(Sections A + B) smary Page Totals) \$19	919			

# Section B ADDITIONAL PAGE <sup>2</sup> of <sup>14</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Alex for Hartford	July 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Con	ntributions from Indivi	duals	ija salija		
Last Name Cintron	First Joel			MI	
	City		State	Zip Code	
52 Clifford St	Hartford		CT	06114	
Principal Occupation	Name of Employer	<b>_</b>	l		
Creative	Artfund LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amou \$15	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Section L1?  No list Event # 050623A		e contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 5/6/23	\$15			
Last Name Wolf	First Nick			MI	
	City Suffield	i	State CT	Zip Code 06078	
493 North Main St Principal Occupation	Name of Employer		CI	00078	
Attorney	Attorney Nick Wolf				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of the lobbyist o	to a candidate for a chief executiv	e officer of a municipality,	Amou \$14	int of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Yes Is contributor a principal of a fixed principal of		te contractor? Yes No			
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney	Order Date Received 5/6/23	Aggregate Contributions \$14			
Last Name Kelly	First Sacha			Μī	
Residential Street Address	City		State	Zip Code	
361 Laurel St	Hartford		CT	06105	
Principal Occupation	Name of Employer	<u>'</u>			
Unemployed	Unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O Yes O No O Yes O No O Yes O No			, <b>A</b> mou \$20	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 5/6/23	Aggregate Contributions \$20			
SUBTOTAL Section B — This Page \$49					
	of additional Section B I				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Sections 2 13, Column A of Summary Page				

## Section B ADDITIONAL PAGE 3 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Alex for Hartford	July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized Co.	ntributions from Indiv	iduals		
Last Name	First		МІ	
Brown	Christopher			
Residential Street Address 121 Putnam St	City Hartford	1	State Zip Code CT 06106	
Principal Occupation	Name of Employer		- 100100	
Bike Mechanic	Center for Latino I	Progress		
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400			Amount of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with have a contract OYes ONo	et with said municipality	\$10	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Is contributor a principal of a second by the second by		ate contractor? Yes No		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received Order 5/6/23	Aggregate Contributions \$10		
Last Name	First	<u> </u>	_ <u> </u>  MI	
Callas	Johnny			
Residential Street Address	City	i i	State Zip Code	
44 Secret Lake Rd	Canton		CT 06019	
Principal Occupation	Name of Employer		_	
Boxing Coach/Social Worker	COBA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O Yes O No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		t with said municipality	Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Yes No If yes, indicate which bra of government the contra		ate contractor? Yes No  e C Legislative		
Method of Contribution:	i	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		\$100		
Last Name Kemp	First Scott		MI	
Residential Street Address	City	i	State Zip Code	
793 Ridgebury Rd	Ridgefield		CT 06877	
Principal Occupation COO	Name of Employer CT Foodshare		,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Order Yes Order If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief execution is associated with have a contract Yes No	t with said municipality	Amount of Contribution \$25	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Yes No If yes, indicate which bran of government the contraction of government the contraction.		<b>⊚</b> No		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 5/6/23	Aggregate Contributions \$25		
SUBT	OTAL Section B — Thi	s Page \$135		
TOTAL	of additional Section B	Pages \$1784		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Sections 13, Column A of Summary Page			

# Section B ADDITIONAL PAGE 4 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Alex for Hartford	July 10 filing	July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
•					
B. Itemized Con	ntributions from Indi	viduals			
Last Name Totung	First Steven			MI	
Tatum		1	<u>a </u>	W. O. I	
Residential Street Address 32 Ashley St	<sup>City</sup> Hartford			Zip Code 06105	
Principal Occupation	Name of Employer				
Teacher	Hartford Public S	chools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		act with said municipality	Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Yes Is contributor a principal of a second to the secon	a state contractor or prospective state contractor? Yes anch or branches				
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 5/6/23	\$25			
Last Name Reese	First Renae			MI	
	City	1	State 2	Zip Code	
12 1/2 Charter Oak Place	Hartford			06016	
Principal Occupation	Name of Employer				
Organizer	CSUAAUP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		act with said municipality	Amoui \$25	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.		state contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		\$25	<u> </u>		
Last Name Teeling	First Nick			MI	
	City			Zip Code	
224 Torringford St	Winsted		CT	06098	
Principal Occupation  Deputy Director	Name of Employer  CT Voices for Chi	ldren			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O Yes of State		act with said municipality	, Amoui	nt of Contribution	
s this contribution associated with an vent reported in Section L1?  If yes, list Event # 050623A  Yes No  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 5/6/23	Aggregate Contributions \$50			
SUBT	'OTAL Section B — Tl	nis Page \$100			
TOTAL	of additional Section 1	3 Pages \$1819			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	I INDIVIDUALS (Section 13, Column A of Summary Pa				

## Section B ADDITIONAL PAGE <sup>5</sup> of <sup>14</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Alex for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
		•				
B. Itemized Co.	ntribu	itions from Indivi	duals			
Last Name	Firs	st			MI	
Fredlund	Jas	son				
Residential Street Address	City	_		State	Zip Code	
54 New Park Ave	Hartfo	ord		CT	06106	
Principal Occupation		Name of Employer				
Consultant		Self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribution \$25		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 050623A  Yes   Is contributor a principal of a second reported in Section L1?  If yes, list Event # 050623A	nch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/13/23	\$125			
Last Name	Firs	t			MI	
Oseni	Ay	0				
Residential Street Address	City			State	Zip Code	
11 Carillon Dr	Rocky	Hill		CT	06067	
Principal Occupation		Name of Employer				
student		student				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amei	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes  Is contributor a principal of a If yes, indicate which bra of government the contraction.	anch or b	ranches	e contractor? Yes No			
Method of Contribution:	- 1		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/11/23	\$5			
Last Name	Firs				MI	
Wilson	Da	avid 				
Residential Street Address	City			State	Zip Code	
675 President St	Baltim			MD ————	21202	
Principal Occupation		Name of Employer				
University President		Morgan State Unive				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  Yes  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				\$100	unt of Contribution )	
event reported in Section L1?	ibution associated with an Yes No Is contributor a principal of a state contractor or prospective state contractor? OYes led in Section L1? If yes, indicate which branch or branches					
Method of Contribution:  Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/11/23 \$100						
SUB1	TOTAI	L Section B — This	Page \$130			
TOTAL of additional Section B Pages \$1789						
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	VIDUALS (Sections A	A+B)   <sub>\$4040</sub>			
(Enter total on Line :	15, Colu	mn A of Summary Page	ı viais)			

# Section B ADDITIONAL PAGE 6 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Alex for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
B. Itemized Con	ntribı	itions from Indivi	duals			
Last Name	Firs	st			MI	
Clopton	Je	rome				
Residential Street Address	City			State	Zip Code	
132 Adams St	Hartfo	ord		СТ	06112	
Principal Occupation	L	Name of Employer		<u> </u>		
Real Estate Investment		Thomas Clopton Pr	operties LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  Yes No If yes, indicate which branches.	nch or b	ranches	_ <b>⊙</b> №			
If yes, 1ist Event # of government the contract	ct is with		OLegislative	<del></del>		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Ordon	Date Received 5/13/23	Aggregate Contributions \$25			
			ΨΕΟ			
Last Name Arnold	Firs De	a elicia			MI	
Residential Street Address	City			State	Zip Code	
88 Wilson Ave	Winds	sor		СТ	06095	
Principal Occupation	<u></u>	Name of Employer		ł		
Tax Accountant		State of Connecticu	ıt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				/, Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, list Event #	nch or b	oranches	e contractor? Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/21/23	\$25			
Last Name	Firs	st			MI	
Joseph	Eli	i				
Residential Street Address	City			State	Zip Code	
404 Prospect Ave	Hartfo	ord		СТ	06105	
Principal Occupation	<u> </u>	Name of Employer		!		
Realtor		Realtor				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amou \$100	ınt of Contribution	
event reported in Section L1? O No If yes, indicate which bran	Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  5/25/23  \$100						
SUBTOTAL Section B — This Page \$150						
TOTAL of additional Section B Pages \$1789						
TOTAL OF ALL CONTRIBUTIONS FROM						
		umn A of Summary Page				

# Section B ADDITIONAL PAGE <sup>7</sup> of <sup>14</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Alex for Hartford		July 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
		utions from Indivi	duals		e Merki	
Last Name Vicente	Fii V	rst incent				MI
Residential Street Address	City		,	State	Zip (	Code
15 Kenneth St # A1	Hartford CT 06114					114
Principal Occupation		Name of Employer		·		
Porter		Gengras Dodge Jee	<u>-</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo \$25	Amount of Contri	
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 brain of government the contraction.	nch or l	branches _	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Cedit/Debit Card Payroll Deduction Money	y Order	5/25/23	\$25			
Last Name	Fir		· · · · · · · · · · · · · · · · · · ·			MI
Pinnock		ouis ————————————————————————————————————				
Residential Street Address 3251 Matlock Rd	City Mans	sfield		State TX	Zip (	
Principal Occupation	Widire	Name of Employer			, 00	
Insurance Agent		Farmers Insurance				
	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves No No Ves No No Ves No Ves No No Ves No No No Ves No					f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Is contributor a principal of a If yes, indicate which brate of government the contral of government the contral of the section	inch or	branches	e contractor? Yes No			
Method of Contribution:			Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		5/25/23	\$25			
Last Name Clopton	Fin Je	erome				MI
Residential Street Address	City	**************************************		State	Zip (	
132 Adams St	Hartf	ford		СТ	06	112
Principal Occupation Class A Driver		Name of Employer BJs Wholesale Club	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of the property o				', Amo	unt o	f Contribution
event reported in Section L1?	s this contribution associated with an No					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 5/26/23	Aggregate Contributions \$50			
SUBTOTAL Section B—This Page \$75						
TOTA)	L of a	dditional Section B I	Pages \$1844			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections Aumn A of Summary Page				*****

### Section B ADDITIONAL PAGE 8 of 14

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4 5 4	•	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Alex for Hartford			July 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$			
B. Itemized Co	ntri	butions from Indivi	duals	Barrio	
Last Name		First			MI
Johnson		Melvin			
Residential Street Address	City			State	Zip Code
247 Terry Rd	Har	tford		CT	06105
Principal Occupation	<u> </u>	Name of Employer	· · · · · · · · · · · · · · · · · · ·		
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, <b>Am</b> o	ount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which brace of government the contract of government the contract of government the contract of the section of government the governme	anch o	r branches	e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 5/29/23	\$50		
Last Name		First			МІ
Long		Gannon			
Residential Street Address	City			State	Zip Cođe
114 Warrenton Ave	1 -	tford		CT	06105
Principal Occupation	<u></u>	Name of Employer		<u> </u>	
Chief Program Officer Operation Fuel					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution					
or dependent child of a lobbyist?  No  does contributor or business he/she valued at more than \$5,000?				\$25	ant of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which by of government the contributor a principal of a section L1?	anch o	or branches	te contractor? Yes No Legislative		
Method of Contribution:	•	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	<sub>er</sub> 6/3/23	\$25		
Last Name	- 1	First	· · · · · · · · · · · · · · · · · · ·		MI
Lewis		Diane			
Residential Street Address	City			State	Zip Code
69 Congress St	Har	tford		CT	06114
Principal Occupation		Name of Employer			<u> </u>
Case manager		Building Trades Tra	ining Institute		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, <b>Am</b> o	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  No  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Orde	Date Received 6/3/23	Aggregate Contributions \$50		
SUB	тот	AL Section B — This	Page \$125		
TOTAL of additional Section B Pages \$1794					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A column A of Summary Page			

## Section B ADDITIONAL PAGE 9 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Alex for Hartford			July 10 filing		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$		
B. Itemized Co	ontril	butions from Indivi	duals		
Last Name	I	First			MI
Toth		Kelly			
Residential Street Address	City			State	Zip Code
18 Southington Ave	Sou	thington		СТ	06489
Principal Occupation		Name of Employer			
Nurse Practitioner		Hartford HealthCar	e		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh				y, Amo	ount of Contribution
valued at more than \$5,000?		OYes ONo		\$50	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lfyes, indicate which br	ranch or	r branches	<b>⊚</b> No		
If yes, list Event # of government the contr	ract is w			_	
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	er 6/8/23	\$50		····
Last Name		First			MI
Wesley		Beatrice ————————————————————————————————————			
Residential Street Address	City			State	Zip Code
114 Mossydale Lane	Alba			GA	31721
Principal Occupation		Name of Employer			
Registered Nurse		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No \$100					
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which by	ranch o	r branches	No 🍎 No		v
If yes, list Event # of government the contribution:	iact is w	Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde		\$100		
Last Name		First			МІ
Johns	.	Asiah			
Residential Street Address	City			State	Zip Code
57 Wade Ave	Bloc	omfield		CT	06002
Principal Occupation		Name of Employer			
Senior HR Generalist		OpenExchange			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Amo	ount 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 contract is with:    Security   Securit					
Method of Contribution:  Cash Personal Check Ceredit/Debit Card Payroll Deduction Mondon	ey Orde	Date Received 6/9/23	Aggregate Contributions \$50		
			Page \$200		<del></del>
SUBTOTAL Section B — This Page \$200  TOTAL of additional Section B Pages \$1719					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A Column A of Summary Page			

## Section B ADDITIONAL PAGE 10

of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Alex for Hartford	July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Con	ntributions from Indivi			
Last Name Simpson	Pirst Nathan	MI		
Residential Street Address 185 Brook St	<sup>City</sup> New Britain	State Zip Code CT 06051		
Principal Occupation Name of Employer Food Service Worker Morrison, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				
	et is with:	e contractor? Yes No Clegislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 6/24/23	Aggregate Contributions \$10		
Last Name Delvalle	First Miguel	MI		
Residential Street Address 87 Main Street	City Hartford	State Zip Code CT 06106		
Principal Occupation Barber	Name of Employer Wise Guys			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062423A  Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.		te contractor? Yes No		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 6/24/23	Aggregate Contributions \$25		
Last Name Cotto	First Leticia	MI		
Residential Street Address 23 Colebrook St	City Hartford	State Zip Code CT 06112		
Principal Occupation Administrator	Name of Employer Hartford Public Lib	rary		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract O Yes O No	re officer of a municipality, with said municipality \$50		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062423A  Secontributor a principal of a lifyes, indicate which brain of government the contract.	ct is with:	● No Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 6/9/23	Aggregate Contributions \$80		
SUBT	FOTAL Section B — This	Page \$80		
	of additional Section B l			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Sections . 13, Column A of Summary Page			

## Section B ADDITIONAL PAGE 11 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Alex for Hartford		July 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$	\$			
`						
B. Itemized Co	ntributions from Indi	viduals				
Last Name	First			М		
Frazer	Devin					
Residential Street Address	City	i i		Zip Code		
S Edgewood Street Hartford CT 06112						
Principal Occupation  Barber	Name of Employer	Cociety				
	Wife Guys Scissor					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Or dependent child of a lobbyist?  Or No  Yes  Or No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amour \$5	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a if yes, indicate which brain of government the contraction.		No No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/26/23	\$10				
Last Name	First			MI		
Schachter	Miriam					
Residential Street Address	City	i i	i i	Zip Code		
35 Morningside Ave	New York		NY (	06106		
Principal Occupation	Name of Employer	Daniel Latine				
Attorney Center for Family Representation						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist by the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amoun \$15	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		tate contractor? Yes No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/29/23	\$15				
Last Name	First			MI		
Hourigan	Meg					
Residential Street Address	City New Britain	l l		Zip Code 06112		
345 Commonwealth Avenue						
Principal Occupation Program Director	Name of Employer Hartford Food Sy	stem				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amour \$25	nt of Contribution		
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?   OYes    If yes, indicate which branch or branches   ONo    of government the contract is with:   OExecutive   OLegislative      Contributor a principal of a state contractor or prospective state contractor?   OYes    ONO   ONO   ONO    ONO   ONO   OF    ONO   OF   ONO    ONO   ONO   ONO    ONO   ONO						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 6/29/23	Aggregate Contributions \$25				
SUBT	FOTAL Section B — Th	is Page \$45				
TOTAL of additional Section B Pages \$1874						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Section 13, Column A of Summary Pag	s A + B) re Totals) \$1919				

## Section B ADDITIONAL PAGE 12 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Film	g Repository)	TYPE OF REPORT			
Alex for Hartford		July 10 filing			
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)	\$				
B. Ite	emized Contributions from Individ	luals			
Last Name	First	MI			
Conlon	Dorie	State Zip Code			
Residential Street Address 51 Rosewood Dr	City Glastonbury	State Zip Code CT 06033			
Principal Occupation	Name of Employer	I			
Teacher	Glastonbury Public	Schools			
	excess of \$400 to a candidate for a chief executive usiness he/she is associated with have a contract \$5,000?				
event reported in Section L1? No If yes, indic	principal of a state contractor or prospective state which branch or branches nent the contract is with:	e contractor? Yes No  Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduct	Date Received tion Omoney Order 6/29/23	Aggregate Contributions \$50			
Last Name	First	MI			
Hourigan	Meg				
Residential Street Address 345 Commonwealth Ave	City New Britain	State Zip Code CT 06106			
Principal Occupation	Name of Employer				
Program Director	Hartford Food Syste	em			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or by valued at more than \$\frac{1}{2}\$	excess of \$400 to a candidate for a chief executive usiness he/she is associated with have a contract \$5,000? Yes No	e officer of a municipality, with said municipality \$25			
event reported in Section L1? On No If yes, indic	principal of a state contractor or prospective state cate which branch or branches nent the contract is with:	e contractor? Yes No Legislative			
Method of Contribution:	-   0,00,00	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct		\$50			
Last Name Caban	First Tiffany	MI			
Residential Street Address	City	State Zip Code			
22-35 21st St	Astoria	NY 11105			
Principal Occupation Council Member	Name of Employer New York City Cour	ncil			
	excess of \$400 to a candidate for a chief executive susiness he/she is associated with have a contract \$5,000? Yes No				
event reported in Section L1?	principal of a state contractor or prospective state which branch or branches nent the contract is with:	e contractor? Yes No Legislative			
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduct	Date Received 6/29/23	Aggregate Contributions \$50			
	SUBTOTAL Section B — This	Page \$125			
	TOTAL of additional Section B P				
	IONS FROM INDIVIDUALS (Sections A total on Line 13, Column A of Summary Page				

# Section B ADDITIONAL PAGE 13 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repository)			TYPE OF REPORT		
Alex for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
В.	. Itemized Con	itribi	ıtions from Indivi	duals		
Last Name Romatowski		Fire	atherine			Mī
					Lau	12:-0-1
Residential Street Address 1230 Aldebaran Dr		City <b>McLe</b> a	an		State VA	Zip Code 22101
Principal Occupation			Name of Employer		l	
unemployed			unemployed			
	or or business he/she i		didate for a chief executive integrated with have a contract OYes ONo		y, Amo	ount of Contribution
event reported in Section L1? No If yes,	utor a principal of a s, indicate which bran vernment the contract	ch or b	ntractor or prospective stateranches	e contractor? Yes  OLegislative		
Method of Contribution:	_		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll D	Deduction OMoney		6/29/23	\$40		
Last Name Krayeske		Firs	enneth			МІ
Residential Street Address		City			State	Zip Code
121 Lexington Avenue		•	Haven		CT	06513
Principal Occupation		<del></del>	Name of Employer		<u> </u>	<u> </u>
Attorney			BBB Attorneys			
	or or business he/she i		didate for a chief executive intensity in the contract Yes No		/, Amo	ount of Contribution
event reported in Section L1?	outor a principal of a s , indicate which brar overnment the contrac	ich or b		e contractor? Yes No		
Method of Contribution:			i e	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll D	Deduction OMoney	Order	6/29/23	\$250		
Last Name Dobbie		Fin Er				MI
Residential Street Address	[	City			State	Zip Code
43 Old Willimantic Rd	,	Colur	nbia		СТ	06237
Principal Occupation	I.		Name of Employer			
Trucking sales			Allegiance Trucks			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution does contribute valued at more	or or business he/she i	o a can	didate for a chief executive intensity in the contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution
event reported in Section L1?	utor a principal of a s , indicate which bran vernment the contrac	ich or b		e contractor?  OYes  No  Legislative		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll D	Deduction OMoney	Order	Date Received 6/29/23	Aggregate Contributions \$100		
	SUBT	ОТА	L Section B — This	Page \$390		
			ditional Section B I			
TOTAL OF ALL CONTRI (/			VIDUALS (Sections A inm A of Summary Page			

# Section B ADDITIONAL PAGE 14 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ory)		TYPE OF REPORT			
Alex for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
	Contribu	tions from Indivi	duals		l mi	
Last Name Molloy		eny			IVIT	
Residential Street Address	City	_		State	Zip Code	
27 Liberty Dr	7 Liberty Dr Mansfield Center CT 06250					
Principal Occupation		Name of Employer			•	
Consultant		Slalom				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$\frac{5}{2},000?				Amo \$50	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of the section L1?  Yes Is contributor a principal of the section L1?  If yes, list Event #	n branch or b	ranches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Order	6/29/23	\$50			
Last Name	Firs				М	
Wolfe	L	nily				
Residential Street Address 596 Broadview Terrace	City Hartfo	ord		State CT	Zip Code 06106	
Principal Occupation		Name of Employer				
Director		Sheldon Oak Centra	al, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution \$5,000?						
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal  If yes, indicate which of government the co	h branch or b		te contractor? Yes No			
Method of Contribution:			Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM		6/29/23	\$50			
Last Name Gould	Firs M	atthew			MI	
Residential Street Address	City Roche	aetar		State NY	Zip Code 14623	
200 Park Point Drive	Mocine	Name of Employer			14023	
Principal Occupation Engineer		Saffron Electronics	and Defense			
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