### **SEEC FORM 20**

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

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|--------|---------|---|
|--------|---------|---|

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### **COVER PAGE**

| 1. NAME OF COMMITTEE   |                                   |               |                |                               |  |  |                            |  |  |
|--|-----------------------------------|---------------|----------------|-------------------------------|--|--|----------------------------|--|--|
| Alex for Hartford  |                                   |               |                |                               |  |  |                            |  |  |
| 2. TREASURER NAME  |                                   |               |                |                               |  |  |                            |  |  |
| First  |                                   | МІ            | La             |                               |  |  |                            |  | Suffix                                 |
| Camryn   |                                   |               | Ke             | essler                        |  |  |                            |  |  |
| 3. TREASURER ADDRESS   |                                   |               |                |                               |  |  |                            | - I <i>a</i>   |  |
| Street Address 73 Imlay St   |                                   |               | City<br>Hartfo | ord                           |  |  | State<br>CT                | ·  | Code<br>105                            |
| 4. ELECTION/REFERENDUM DATE  | 5. OFFICE SOUG                    | HT (Complet   | te only if C   | <b>Candidate</b>              | Committee)   |  |                            | and the Section of the set   | TRICT NUMBER                           |
| (mm/dd/yyyy)<br>11/07/2023   | City Council                      |               |                |                               |  |  |                            | (if applicab   | le)                                    |
| 7. CANDIDATE NAME (Complete only if                                    | Candidate or Explorato            |               |                |                               |  |  |                            |  |  |
| First  |                                   | MI            | Las            |                               | _  |  |                            |  | Suffix                                 |
| Alex   |                                   |               | 11             | homa                          |  |  |                            |  |  |
| 8. TYPE OF REPORT (Check One Box)                                      |                                   |               |                |                               |  | (4)<br>(4)   |                            | <u>س</u>   |  |
| O January 10 filing  | O7th day preced                   | ding primar   | y I            | O7th                          | day preceding referendum                           | $\mathbf{O}_a^{\mathrm{li}}$   | nitial Conti<br>PACs ONLY) | ribution   | or Disbursement                        |
| April 10 filing  | O30 days following prima          |               | у (            | ○45 days following referendum |  | O Amendment to   |                            |  | ###################################### |
| OJuly 10 filing  | O7th day preced                   | fing election | n (            | ODeficit                      |  | T  | ype of Rep                 |  |  |
| October 10 filing  | 12th day prece                    |               |                | n OTermination                |  | ,,,,,  | Registration of the second | Control of the contro | 40                                     |
| O24 Hour Independent Expenditure OPrimary OElection                    | O45 days follow<br>not held in No |               |                |                               |  | Carlos Ca | i)<br>Gl                   | (1) 9<br>(3)   |  |
| 9. PERIOD COVERED  |                                   |               |                |                               |  |  |                            |  |  |
|  | Beginning Dat                     | te            |                |                               | Ending Date  |  |                            |  |  |
| -<br>-   | July 1, 2023                      |               | th             | hru                           | September 30, 2023                                 |  |                            |  |  |
| 10. CERTIFICATION  |                                   |               |                |                               |  |  |                            |  |  |
| I hereby certify and state, under per Disclosure Statement for the per |                                   |               |                |                               |  | nis <b>Iten</b>  | nized Can                  | ıpaign I   | Inance                                 |
| TREASURER OR DEPUTY TREASURE   | R (SIGNATURE)                     | -             | PRINT N        | IAME C                        | F SIGNER   |  |                            | DATE   | (mm/dd/yyyy)                           |
|  |                                   |               |                |                               |  |  |                            |  |  |
| A person who is j  |                                   |               |                |                               | lated any provisions of th<br>aprisonment or both. | е сатр   | paign finai                | nce stati  | utes                                   |

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       |                       |
|--|----------------------|-----------------------|
| Complete raine as registered with a ting repository  |                      |                       |
|  | COLUMN A This Period | COLUMN B<br>Aggregate |
| 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   | 4,188.60             |                       |
| 13. Contributions Received from Individuals (Sections A and B)   | 3610.00              | 8,822.00              |
| 14. Receipts from Other Committees (Sections C1 and C2)  | 525                  | 525                   |
| 15. Other Monetary Receipts (Sections D through K)   |                      |                       |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)  |                      |                       |
| 16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed   |                      | 2.564.60              |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3)  |                      |                       |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c)  | 4,135.00             | 9,347.00              |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)  | 8,323.60             | 9,347.00              |
| 19. Expenses Paid by Committee (Section P)   | 1,732.90             | 2,756.30              |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)   | 6590.70              | 6590.70               |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)   |                      |                       |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5)  |                      |                       |
| 23. In-Kind Contributions Received (Section M)   |                      |                       |
| 24. Refundable Deposit to Telephone Company (Section N)  |                      |                       |
| 25. Loan Balance   |                      |                       |
| 25a. + Loans Received (Section D)  |                      |                       |
| 25b. + Interest and Penalties on Loan  |                      |                       |
| 25c Payments on Loan   |                      |                       |
| 25d. Total Outstanding Loan Amount   |                      |                       |
| 26. Campaign Expenses Paid by Candidate (Section Q)  | 41.46                | 419.10                |
| 27. Expenses Incurred on Committee Credit Card (Section R)   |                      |                       |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)   |                      |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)   |                      |                       |

| NAME OF COMMITTEE (Provide Complete Name as Registe   | ered with Filing Repository)  | TYPE OF REPORT                     |
|---|---|------------------------------------|
| Alex for Hartford   | Oct 10  |                                    |
| A. Total Contributions from Small Co (See instructions for definition of Small Contributor) | ontributors-Received this Period ONLY  SUBTOTAL SECTION A   | \$                                 |
|   |   |                                    |
|   | B. Itemized Contributions from Indiv  | iduals                             |
| Last Name   | First   | MI                                 |
| Augustus  | Danny   |                                    |
| Residential Street Address 412 Barbour St Apt 3   | City<br>Hartford  | State Zip Code CT 06120            |
| Principal Occupation  | Name of Employer  | 1 1 1                              |
| Barber  | Wise Guys Scissor   | Society                            |
| or dependent child of a lobbyist?  No does cont   | oution is in excess of \$400 to a candidate for a chief execution tributor or business he/she is associated with have a contract more than \$5,000?  One of the contract of the |                                    |
| event reported in Section L1? No  | ontributor a principal of a state contractor or prospective state fyes, indicate which branch or branches of government the contract is with:  ©Executive   | No No                              |
| Method of Contribution:   | Date Received   | Aggregate Contributions            |
| OCash OPersonal Check OCredit/Debit Card OPay   |   | \$25                               |
| Last Name<br>Kusluch  | First<br>Jaclyn   | MI                                 |
| Residential Street Address  | City  | State Zip Code                     |
| 440 Church St   | Hebron  | CT 06231                           |
| Principal Occupation  | Name of Employer  |                                    |
| Homemaker   | Homemaker   |                                    |
| or dependent child of a lobbyist? • No does contr   | ution is in excess of \$400 to a candidate for a chief executivibutor or business he/she is associated with have a contract more than \$5,000?  Yes  No   |                                    |
| event reported in Section L1?   | ontributor a principal of a state contractor or prospective state fyes, indicate which branch or branches of government the contract is with:   | ate contractor? Yes No Legislative |
| Method of Contribution:   | Date Received   | Aggregate Contributions            |
| OCash OPersonal Check OCredit/Debit Card OPayr  |   | \$10                               |
| Last Name<br>Wilkins  | First<br>John   | MI                                 |
| Residential Street Address  | City  | State Zip Code                     |
| 22 Garland Rd   | West Hartford   | CT 06107                           |
| Principal Occupation  | Name of Employer  |                                    |
| Arts  | Real Art Ways   |                                    |
| or dependent child of a lobbyist? No does contr   | ution is in excess of \$400 to a candidate for a chief executive ributor or business he/she is associated with have a contract more than \$5,000?  Yes  No  |                                    |
| event reported in Section L1?   | ontributor a principal of a state contractor or prospective sta  (f yes, indicate which branch or branches of government the contract is with:   Executive  | <b>⊙</b> No                        |
| Method of Contribution:   | Date Received   | Aggregate Contributions            |
| OCash OPersonal Check OCredit/Debit Card OPayr  | roll Deduction OMoney Order 7/7/23  | \$100                              |
|   | SUBTOTAL Section B — This   | Page \$135                         |
|   | TOTAL of additional Section B   |                                    |
| TOTAL OF ALL CON  | TRIBUTIONS FROM INDIVIDUALS (Sections .<br>(Enter total on Line 13, Column A of Summary Page  | A + B) \$3610                      |

| NAME OF COM<br>Alex for Hartfo       | MITTEE <i>(Provide Comple</i><br>rd   | ete Name as Registered          | with Filing Repos                      | itory)  |   | TYPE OF REPORT October 10       |          |                        |  |
|--------------------------------------|---|---------------------------------|--|---|---|---------------------------------|----------|------------------------|--|
|                                      |   | C1. (                           | Contributio                            | ons from O  | ther Comm   |                                 |          |                        |  |
| Name of Committee<br>District 1199 S | EIU PAC - SEIU CT   |                                 |  |   | Suzanne Cl  |                                 |          |                        |  |
| Address<br>77 Huyshope A             | Ave   |                                 |  | Is this contri  | s this contribution associated with an OYes ONo event reported in Section L1?  If yes, list Event # |                                 |          | Amount of Contribution |  |
| City                                 |   | State                           | Zip Code                               | Date Rece   | ived  | Aggregate Contributions         |          |                        |  |
| Hartford                             |   | СТ                              | 06106                                  | 9/18/20   | 023   | \$375                           |          |                        |  |
| Name of Committee                    |   |                                 |  |   | Name of Treasu  | rer                             |          |                        |  |
| Matt Ritter PAG                      | С   |                                 |  |   | Kimberly G  | irove                           |          |                        |  |
| Address<br>83 Oxford St              |   |                                 | ······································ | Is this contri  | ed in Section L15   | d with an Ycs ONo?<br>st Event# | Amount ( | of Contribution        |  |
| City                                 |   | State                           | Zip Code                               | Date Rece   |   | Aggregate Contributions         |          |                        |  |
| Hartford                             |   | СТ                              | 06105                                  | 8/7/202   | 23  | \$150                           |          |                        |  |
| Name of Committee                    |   |                                 |  |   | Name of Treasu  | I                               |          | <u></u>                |  |
| Address                              |   |                                 |  | Is this contri  | ed in Section L17   | d with an Yes No                | Amount   | f Contribution         |  |
| City                                 |   | State                           | Zip Code                               | Date Recei  |   | Aggregate Contributions         |          |                        |  |
| Name of Committee Address            |   |                                 |  | City  | Name of Treasu  | rer                             | State    | Zip Code               |  |
| Date Received                        | Expenditure # (if applicable)   | Payment Type                    |  |   | · · · · · · · · · · · · · · · · · · ·   |                                 | Amoun    | t of Receipt           |  |
|                                      |   | OReimbursen                     | nent for shared e                      | expense OS  | urplus Distributi   | on                              |          |                        |  |
| Description                          |   |                                 |  |   |   |                                 |          |                        |  |
| Name of Committee                    |   |                                 |  |   | Name of Treasur   | rer                             |          |                        |  |
| Address                              |   |                                 |  | City  |   |                                 | State    | Zip Code               |  |
| Date Received                        | Expenditure #<br>(if applicable)  | Payment Type                    | ement for share                        | d expense   | Surplus Distribu  | ition                           | Amoun    | t of Receipt           |  |
| Description                          |   |                                 |  |   |   |                                 |          |                        |  |
|                                      |   |                                 | SUBTO                                  | TAL Sectio  | n C — This  | Page                            |          |                        |  |
|                                      |   |                                 | TOTAL                                  | of additiona  | l Section C P   | 'ages                           |          |                        |  |
|                                      | 4. [1] [1] [1] [1] [1] [2] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4 | ALL COMMIT<br>s C1 + C2) (Enter |  | teritore en está libritada en illator en interior de la constitución de la constitución de la constitución de l |   | 4 (444) V 1744 (474) 4          | -        |                        |  |
|                                      |   |                                 |  |   |   |                                 |          |                        |  |

| NAME OF COMMITTEE (Provide Complete Name as Registered with F<br>Alex for Hartford | iling Reposi | itory)    |                            |              | YPE OF<br>October | report<br>10       | _   |
|--|--------------|-----------|----------------------------|--------------|-------------------|--------------------|---|
| D  | . Loans      | Receiv    | ed this Perioc             | d            |                   |                    |   |
| Name of Lender   |              |           | Source of Loan:  OBank OCa | andidate 🔘 l | Individual        | Other<br>Committee | Date of Receipt   |
| 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   |
| Street Address   | City         | ·····     |                            |              | State             | Zip Code           |   |
| Name of Lender   |              |           | Source of Loan: OBank OCa  | ndidate O I  | nđividual         | Other<br>Committee | Date of Receipt   |
| Street Address   | City         |           | <u> </u>                   | S            | State             | Zip Code           | Is there a Cosigner or Guarantor of this loan?  Yes No          |
| Name of Cosigner/Guarantor (If applicable)   | <u> </u>     |           |                            |              |                   |                    | Amount Received   |
| Street Address   | City         |           |                            | [:           | State             | Zip Code           |   |
| Name of Lender   | 1001         |           | Source of Loan:  Bank Can  | ndidate 🔘 I  | ndividual         | Other<br>Committee | Date of Receipt   |
| Street Address   | City         |           |                            | S            | State             | Zip Code           | Is there a Cosigner or<br>Guarantor of this loan?<br>O Yes O No |
| Name of Cosigner/Guarantor (if applicable)   |              |           |                            |              |                   |                    | Amount Received   |
| Street Address   | City         |           |                            |              | State             | Zip Code           |   |
|  |              |           | TOTAL SECT                 | TION D       |                   |                    |   |
| E. Receipts from Entities other tha  | n Indiv      | riduals ( | or Other Com               | mittees (    | Rofovon           | dum Committa       | os ONI VI   |
| Name of Entity   |              |           |                            |              | <u> </u>          | ium Commune.       | 3. M.1.M.1/   |
| Street Address   |              |           | 17                         | Date Rec     | cived             |                    | Amount Received   |
| City   |              | State     | Zip Code                   | Aggrega      | te Contribu       | tions              |   |
| Name of Entity   |              | l         |                            |              | <u> </u>          |                    |   |
| Street Address   | <del></del>  | ···       |                            | Date Rec     | eived             |                    | Amount Received   |
| City   | _            | State     | Zip Code                   | Aggrega      | te Contribu       | tions              |   |
| Name of Entity   |              |           | <u> </u>                   | <u> </u>     |                   |                    |   |
| Street Address   |              |           |                            | Date Rec     | eived             |                    | Amount Received   |
| City   |              | State     | Zip Code                   | Aggrega      | te Contribu       | tions              | L   |
|  |              | l .       | TOTAL SECT                 | L CON E      |                   |                    |   |

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| NAME OF COMMITTE<br>Alex for Hartford | BE (Provide Complete Name as Regist | ered with Filing Re | pository)              |   |               | TYPE OF REPORT<br>October 10 | <u>r</u>   |
|---------------------------------------|-------------------------------------|---------------------|------------------------|---|---------------|------------------------------|--|
| I                                     | . Amount Transferred                | from Affilia        | ated Bu                | siness Treasur                          | y (Busines    | s Entity Committe            | ees ONLY)  |
| Date of Receipt                       | Is this transaction associ          |                     | OYes<br>No             | If yes, list Event #                    |               |                              | Amount   |
| Date of Receipt                       | Is this transaction associ          |                     | 8Yes<br>No             | If yes, list Event #                    |               |                              | Amount   |
| Date of Receipt                       | Is this transaction associ          |                     | 8Yes<br>No             | If yes, list Event #                    |               |                              | Amount   |
| Date of Receipt                       | Is this transaction associ          |                     | 8Yes<br>No             | If yes, list Event #                    |               |                              | Amount   |
|                                       |                                     |                     |                        | TOTAL SI                                | ECTION 1      | <b>R</b>                     |  |
| G. Amount T                           | ransferred from Affilia             | ted Labor U         | J <b>nion o</b> i      | Other Organ                             | ization T     | reasury <i>(Orga</i> n       | ization Committees ONLY)   |
| Date of Receipt                       |                                     | Date of Receipt     | tegapi tang terMinera, | aren egginen. Sest                      |               | Date of Receipt              |  |
|                                       | Amount                              | Amount              |                        |   |               |                              | Amount   |
|                                       |                                     |                     |                        | TOTAL SEC                               | CTION G       |                              |  |
|                                       | H. Personal Funds of                | the Candida         | ate Rec                | eived this Peri                         | od (Candi     | date Committees              | ONLY)  |
| Date of Receipt                       | Method of payment:  Cash            | O Pe                | rsonal Che             | ck Ocre                                 | dit/Debit Car | d                            | Amount   |
| Date of Receipt                       | Method of payment:                  | O Pe                | rsonal Che             | ck O Cre                                | dit/Debit Car | d                            | Amount   |
| Date of Receipt                       | Method of payment:  Cash            | O Pe                | rsonal Che             | ck Ocro                                 | dit/Debit Car | d                            | Amount   |
| Date of Receipt                       | Method of payment:  Cash            | O Per               | rsonal Che             | ck Cree                                 | dit/Debit Car | d                            | Amount   |
|                                       |                                     |                     |                        | TOTAL                                   | SECTION       | H                            |  |
|                                       |                                     | I, Ano              | nymous                 | Contribution                            | S             |                              |  |
|                                       | D D 11' 1 . 11 10                   |                     |                        | ••••••••••••••••••••••••••••••••••••••• | 4             | 1 1                          | • The state of the |

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.

| Sincer Address    City   State   Zip Code   | Revised January 1915                  | I. MONETARY RECEIPTS                         | S (Sections A—K)   | <u> </u>           | rage / 61 1 /  |
|---|---------------------------------------|--|--------------------|--------------------|--|
| State Address   City   Code   City   Code   City   Code   City   Code   City   City |                                       | Name as Registered with Filing Repository)   |                    |                    |  |
| Notes of Inspiration    City   State   Zap Code   | Alex for Hartford                     |  | Octob              | er 10              |  |
| Store Address   City   Store   Tip Code   |                                       | J. Interest from Deposits in Autho           | rized Accounts     |                    |  |
| Name of leastitution  K. Miscellaneous Monetary Receipts not Considered Contributions  K. Miscellaneous Monetary Receipts not Considered Contributions  K. Miscellaneous Monetary Receipts not Considered Contributions  Name  City  State  Date of Transaction  Date of Transaction  Amount Received  Street Address  City  State  Date of Transaction  Amount Received  Street Address  City  State  Date of Transaction  Amount Received  Street Address  City  State  Date of Transaction  Amount Received  State Address  Amount Received  Amount Received  State Address  City  State  Date of Transaction  Amount Received  Amount Received  State Address  Amount Received  Total Section K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D throwsh K)  Total Amount Transferred from Affiliated Business Treasury (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section E)  Total Amount Transferred from Deposits in Authorized Accounts (Section II)  Total Amount of Interest from Deposits in Authorized Accounts (Section II)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section II)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section II)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section II)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section II)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section III)  | Name of Institution                   |  | Date Rec           | ceived             | Amount   |
| Name of Institution    City   State   Zip Code  | Curat A Janea                         | City   | State              | Zin Codo           |  |
| Street Address   City   State   Zip Code  | Sheet Aduress                         | City   | State              | Zip Code           |  |
| Name   Date of Transaction   Amount Received Address   City   State   Zip Code  | Name of Institution                   |  | Date Re            | ceived .           | Amount   |
| Name   Date of Transaction   Amount Received Address   City   State   Zip Code  |                                       |  |                    |                    |  |
| Name   City   State   Zip Code  | Street Address                        | City   | State              | Zip Code           |  |
| Name   City   State   Zip Code  |                                       |  |                    |                    |  |
| Name   City   State   Zip Code  |                                       | TO   | TAL SECTION J      |                    |  |
| Name   City   State   Zip Code  | K. M                                  | iscellaneous Monetary Receipts not Co        | onsidered Contribu | itions             |  |
| Description  Name    Date of Transaction   Amount Received  |                                       | <u> </u>                                     |                    |                    | Amount Received  |
| Description  Name    Date of Transaction   Amount Received  |                                       |  |                    | · Ia. o            |  |
| Name  City  Street Address  City  Street Address  Date of Transaction  Amount Received  Street Address  City  State  Zip Code  Amount Received  Amount Received  City  State  Zip Code  Amount Received  Amount Received  Total Secretion  TOTAL SECTION K   SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Received this Period (Section D)  Total Amount Transferred from Affiliated Business Treasury (Section F)  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  Total Amount Transferred from Deposits in Authorized Accounts (Section I)  Total Amount of Interest from Deposits in Authorized Accounts (Section I)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +   | Street Address                        | City   | State              | Zip Code           |  |
| Street Address    City   State   Zip Code   | Description                           |  |                    | <u> </u>           | <del>- </del>   .  |
| Street Address    City   State   Zip Code   |                                       |  |                    |                    |  |
| Description  Name  City  State  Zip Code  Amount Received  Street Address  City  State  Zip Code  Amount Received  Amount Received  Amount Received  TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section F)  +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  +  Total Amount of Personal Funds of the Candidate Received this Period (Section H)  +  Total Amount of Interest from Deposits in Authorized Accounts (Section J)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)   | Name                                  |  | Da                 | te of Transaction  | Amount Received  |
| Description    Date of Transaction   Amount Received  | Street Address                        | City   | State              | Zip Code           |  |
| Name  City  State Zip Code  Description  Name  City  State Zip Code  Amount Received  Amount Received  Amount Received  Amount Received  TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section F)  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  Total Amount of Personal Funds of the Candidate Received this Period (Section H)  Total Amount of Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  |                                       |  |                    |                    |  |
| Street Address  City  State  Zip Code  Description  TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section F)  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  Total Amount of Personal Funds of the Candidate Received this Period (Section H)  Total Amount of Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)   | Description                           | •  |                    | •                  | $\neg$   |
| Street Address  City  State  Zip Code  Description  TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section F)  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  Total Amount of Personal Funds of the Candidate Received this Period (Section H)  Total Amount of Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)   | X                                     |  | Da                 | te of Transaction  |  |
| Description  Name  City  State  TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E)  +  Total Amount Transferred from Affiliated Business Treasury (Section F)  +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  +  Total Amount of Personal Funds of the Candidate Received this Period (Section H)  Total Amount of Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)   | ivainė                                |  |                    | to be anythered to | Amount Received  |
| Name  City  State Zip Code  TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section F)  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  Total Amount of Personal Funds of the Candidate Received this Period (Section H)  Total Amount of Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)   | Street Address                        | City   | State              | Zip Code           |  |
| Name  City  State Zip Code  TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section F)  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  Total Amount of Personal Funds of the Candidate Received this Period (Section H)  Total Amount of Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)   | No. Colon                             |  |                    |                    | _  |
| Street Address  City  State  TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E)  Total Amount Transferred from Affiliated Business Treasury (Section F)  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  Total Amount of Personal Funds of the Candidate Received this Period (Section H)  Total Amount of Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +   | Description                           |  |                    |                    |  |
| TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E) +  Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +   | Name                                  |  | Da                 | te of Transaction  | Amount Received  |
| TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E) +  Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +   |                                       |  | Ctoto              | Tin Codo           |  |
| TOTAL SECTION K  SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E) +  Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +   | Street Address                        | City   | State              | Zip Code           |  |
| SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E) +  Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +  | Description                           |  |                    |                    |  |
| SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E) +  Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +  |                                       |  |                    |                    |  |
| Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E) +  Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +   |                                       | TOTALS                                       | SECTION K          |                    |  |
| Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other Committees (Section E) +  Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +   | SUMMAI                                | RY OF OTHER MONETARY RECEI                   | PTS (Sections D th | rough K)           |  |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) +  Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +   |                                       |  |                    |                    |  |
| Total Amount Transferred from Affiliated Business Treasury (Section F) +  Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +  |                                       |  | +                  |                    |  |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +  Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +  |                                       |  |                    |                    |  |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) +  Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +   |                                       |  |                    |                    |  |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +   | Total Amount Transferred from Affilia | nted Labor Union or Other Organization Treas | sury (Section G) + |                    |  |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +  | Total Amount of Personal Funds of the | Candidate Received this Period (Section H)   | +                  |                    | and the second s |
|   | Total Amount of Interest from Deposit | s in Authorized Accounts (Section J)         | +                  | <u> </u>           |  |
| Total of Other Monetary Receipts  | Total Miscellaneous Monetary Receipt  | s not Considered Contributions (Section K)   | +                  |                    |  |
|   |                                       | Total of Other                               | er Monetary Receip | ots                | ··· <u>·</u>   |

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

|   | (Provide Complete Name as Registered with Filing Repository                                | 9   | TYPE OF REPORT  |                        |  |  |  |  |
|---|--|---|---|------------------------|--|--|--|--|
| Alex for Hartford   | Tri Deco   | nt Information  | October 10  |                        |  |  |  |  |
| Event#  | Description Description  | it inivination  |   |                        |  |  |  |  |
| Date of Event Letter 081323A  | House Party  |   |   | Was this a fur  O Yes  | ONo                                    |  |  |  |
| Location: Street Address  |  | City  |   | State                  | Zip Code                               |  |  |  |
| 27 Ellington St   |  | Hartford CT 06106   |   |                        |  |  |  |  |
| Subpart 1: (All Committee Was this event hosted at a                            |  |   | 5 In-Kind Donations no<br>use Party and complete<br>a(s) for food, beverage a   | required infor         |  |  |  |  |
|   | le goods or services donated by a business entity nated by an individual of up to \$100?   | Yes (If yes, go to Section L<br>and complete required<br>No                   |   | ot Considered (        | Contributions                          |  |  |  |
| Was this fundraiser a tag<br>with purchases from an ir                          | sale, auction, or other sale of donated items adividual of up to \$100?                    | Yes (If yes, enter Total Rec  | eipts here.)  | \$                     |  |  |  |  |
| Were there purchases of a sign associated with this                             |  | mittees other than Exploratory OYes (If yes, go to Section L.                 |   |                        | Program Book                           |  |  |  |
| Subpart 3: (Town Comm<br>Did your committee sell gathering held within the      | food or beverage at a fair or similar mass state with this fundraiser?                     | OYes (If yes, enter Total Rec   | reipts here.)   | \$                     |  |  |  |  |
| Event#  | In-  |   |   |                        |  |  |  |  |
| Date of Event Letter 081923A  | Description House Party  |   |   | Was this a fur<br>OYes | draising event?                        |  |  |  |
| Location: Street Address  |  | City  |   | State                  | Zip Code                               |  |  |  |
| 253 Freeman St  |  | Hartford  |   | СТ                     | 06106                                  |  |  |  |
| Subpart 1: (All Committee<br>Was this event hosted at a                         |  | OYes (If yes, go to Section L.s.  Associated with a Houpurchases made by host | ise Party and complete  | required infor         |  |  |  |  |
|   | e goods or services donated by a business entity<br>nated by an individual of up to \$100? | Yes (If yes, go to Section L<br>and complete required<br>No                   |   | ot Considered (        | Contributions                          |  |  |  |
| Was this fundraiser a tag<br>with purchases from an ir                          | sale, auction, or other sale of donated items<br>adividual of up to \$100?                 | Yes (If yes, enter Total Rec  No  | eipts here.)  | \$                     |  |  |  |  |
| Were there purchases of a sign associated with this t                           |  | Yes (If yes, go to Section La   |   |                        | Program Book                           |  |  |  |
| Subpart 3: (Town Comm<br>Did your committee sell f<br>gathering held within the | ood or beverage at a fair or similar mass  | OYes (If yes, enter Total Reco  | eipts here.)  | \$                     |  |  |  |  |
| SUBTOTAL Section  | n L1—Subpart 1 (All Committees) Total Receipts fi  | rom Sale of Donated Items —   | This Page   |                        |  |  |  |  |
|   |  | tion L1—Subpart 3 <i>(Town Commit</i><br>eipts from Food Purchases — '        | 950M (970M 99990 A) + 982M 782 A)   |                        |  |  |  |  |
|   |  | TOTAL of additional Section   | L1 Pages  |                        |  |  |  |  |
|   |  | CIPTS FROM SMALL PUR n Line 16a, Column A of Summary                          | Signification of the Control of the |                        | ······································ |  |  |  |

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

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

| NAME OF COMMIT     | TEE (Provide Complete Nat  | me as Registered with Filing Repository,   | ,             | TYPE OF REPO                 | ORT     |                 |               |
|--------------------|--|--|---------------|------------------------------|---------|-----------------|---------------|
| Alex for Hartford  |  |  |               | October 10                   |         |                 |               |
|                    | L3. F  | Purchases of Advertising   | in a Prog     | ram Book or on a Sign        |         |                 |               |
| Name of Purchaser  | energial and the second of | the state of the s |               |                              | Purch   | ase Made By:    |               |
|                    |  |  |               |                              | OB      | usiness Entity  | Other         |
|                    |  | •  |               |                              | OIr     | dividual/Sole F | roprietorship |
| Street Address     | <u></u>  | 0  | lity          |                              |         | State           | Zip Code      |
|                    |  |  |               |                              |         |                 |               |
|                    | 1  |  | AND           | 1                            |         | <u> </u>        | <u> </u>      |
| Date Received      | Event #  | Aggregate Purchases for  | : All Events  | Amount of Program Ad Purcl   | ase     | Amount of Si    | gn Purchase   |
|                    |  |  |               |                              |         |                 |               |
| Name of Purchaser  |  |  |               |                              | Purcha  | se Made By:     | ***           |
|                    |  |  |               |                              | OB      | usiness Entity  | Other         |
|                    |  |  |               |                              | Ŏ In    | dividual/Sole P | roprietorship |
| Street Address     |  | C  | City          |                              |         | State           | Zip Code      |
|                    |  |  |               |                              |         |                 |               |
|                    |  |  |               |                              |         |                 |               |
| Date Received      | Event #  | Aggregate Purchases for  | All Events    | Amount of Program Ad Purch   | ase     | Amount of Si    | gn Purchase   |
|                    | [  |  |               |                              |         |                 |               |
| Name of Purchaser  |  |  |               |                              | Purcha  | sc Made By:     |               |
|                    |  |  |               |                              | I _     | usiness Entity  | Other         |
|                    |  |  |               |                              | 1 =     | dividual/Sole P | _             |
| Street Address     |  | 10   | `ity          |                              |         | State           | Zip Code      |
|                    |  |  |               |                              |         |                 | •             |
|                    |  |  |               |                              | ·       | <u> </u>        |               |
| Date Received      | Event #  | Aggregate Purchases for  | All Events    | Amount of Program Ad Purch   | ase     | Amount of Si    | gn Purchase   |
|                    |  |  |               |                              |         |                 |               |
| Name of Purchaser  |  | <u> </u>   |               |                              | Purcha  | se Made By:     |               |
| runic of 1 monasor |  |  |               |                              |         | nsiness Entity  | Other         |
|                    |  |  |               |                              | 1 -     | dividual/Sole P | •             |
| Street Address     |  | lc   | ity           |                              |         | State           | Zip Code      |
|                    |  |  | •             |                              |         | }               |               |
|                    |  |  |               |                              |         |                 |               |
| Date Received      | Event #  | Aggregate Purchases for  | All Events    | Amount of Program Ad Purch   | ase     | Amount of Sig   | ın Purchase   |
|                    |  |  |               |                              |         |                 |               |
| Name of Purchaser  |  |  |               |                              | Purcha  | se Made By:     |               |
| THE OLD GRANGE     |  | •  |               |                              | 1       | siness Entity   | Other         |
|                    |  |  |               |                              | I =     | ividual/Sole P  | _             |
| Street Address     |  |  | ity           |                              |         | State           | Zip Code      |
|                    |  |  | •             |                              |         |                 | -             |
|                    |  |  |               |                              |         |                 |               |
| Date Received      | Event #  | Aggregate Purchases for  | All Events    | Amount of Program Ad Purch   | ase     | Amount of Sig   | n Purchase    |
|                    |  |  |               |                              |         |                 |               |
|                    |  |  |               |                              |         |                 |               |
|                    | SUBTOTAL Sec   | ction L3 Total Purchases of Ac   | lvertising in | Program Book — This Page     |         |                 |               |
|                    |  |  |               |                              | <b></b> |                 |               |
|                    | SUBTO  | FAL Section L3 Total Purchas   | ses of Advert | tising on a Sign — This Page |         |                 |               |
|                    |  |  | TOTAL T       | 11111 - 110 - 11 T B         |         |                 |               |
|                    |  |  | IVIAL 01      | additional Section L3 Pages  |         |                 |               |
| то                 | TAL OF ALL PURC  | HASES OF ADVERTISING   | IN A PROGI    | RAM BOOK or ON A SIGN        |         | -               |               |
|                    |  |  |               | n A of Summary Page Totals)  |         |                 |               |

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

| NAME OF COMMITTE      | EE (Provide Complete Name a                    | s Registered with Filing Rep | ository)        | TYPE OF R                                     | EPORT             |            |                 |
|-----------------------|--|------------------------------|-----------------|---|-------------------|------------|-----------------|
| Alex for Hartford     |  |                              |                 | October 10                                    | )                 |            |                 |
|                       | L4   | . In-Kind Donati             | ons Not Cons    | idered Contributions                          |                   |            |                 |
| Name of Donor         | <u></u>  |                              |                 |   |                   |            |                 |
|                       |  |                              |                 |   |                   |            |                 |
| Street Address        |  | ,                            | City            | ······································        |                   | State      | Zip Code        |
|                       |  |                              |                 |   |                   |            |                 |
| Donation Given By:    | Description of Donation                        |                              | L               |   | Fair I            | Market Va  | lue of Donation |
| Business Entity       | )  |                              |                 |   |                   |            |                 |
| OIndividual           | Date Received                                  | Event #                      |                 | Aggregate Value for this Event                |                   |            |                 |
| O Sole Proprietorship |  |                              |                 |   |                   |            |                 |
| Name of Donor         |  |                              |                 |   |                   |            |                 |
|                       |  |                              |                 |   |                   |            |                 |
| Street Address        |  |                              | City            | ·····   |                   | State      | Zip Code        |
|                       |  |                              |                 |   |                   |            |                 |
| Donation Given By:    | Description of Donation                        |                              |                 | <u>, , , , , , , , , , , , , , , , , , , </u> | Fair 7            | Market Va  | lue of Donation |
| Business Entity       |  |                              |                 |   | [ *****           | ra         | o. Donnardi     |
| OIndividual           | Date Received                                  | Event #                      |                 | Aggregate Value for this Event                |                   |            |                 |
| Sole Proprietorship   |  |                              |                 |   |                   |            |                 |
| Name of Donor         |  |                              |                 |   |                   |            |                 |
|                       |  |                              |                 |   |                   |            |                 |
| Street Address        | <u>,                                      </u> |                              | City            | <u> </u>                                      |                   | State      | Zip Code        |
|                       |  |                              |                 |   |                   |            |                 |
| Donation Given By:    | Description of Donation                        |                              |                 |   | Fois f            | Mankat Va  | lue of Donation |
| OBusiness Entity      | ,  |                              |                 |   | Lan.              | viaiket va | ine of Doubmon  |
| OIndividual           | Date Received                                  | Event #                      |                 | Aggregate Value for this Event                | $\longrightarrow$ |            |                 |
| Sole Proprietorship   |  |                              |                 |   |                   |            |                 |
| Name of Donor         |  |                              | <u></u>         |   |                   |            |                 |
| Traine of Bonor       |  |                              |                 |   |                   |            |                 |
| Street Address        |  |                              | City            |   |                   | State      | Zip Code        |
|                       |  |                              |                 |   |                   |            | 24 cons         |
| Donation Given By:    | Description of Donation                        |                              |                 |   |                   |            |                 |
| Business Entity       | Description of Donation                        |                              |                 |   | Fair N            | Aarket Val | ue of Donation  |
| O Individual          | Date Received                                  | Event #                      |                 | Aggregate value for this Event                |                   |            |                 |
| O Sole Proprietorship | Dato Reservoir                                 | Brest #                      |                 | riggiogate vario to this Dione                | •                 |            |                 |
|                       |  |                              |                 |   | <u> </u>          |            |                 |
|                       |  | S                            | UBTOTAL Sect    | tion L4 — This Page                           |                   |            |                 |
|                       |  |                              |                 |   |                   |            |                 |
|                       |  | 10                           | JIAL OF Additio | nal Section L4 Pages                          |                   |            |                 |
| тот                   | 'AL OF ALL IN-KIND                             | DONATIONS NOT                | CONSIDERED      | CONTRIBUTIONS                                 |                   |            |                 |
|                       |  |                              |                 | ummary Page Totals)                           |                   |            | :               |
|                       |  |                              |                 |   |                   |            |                 |
|                       |  |                              |                 |   |                   |            |                 |
|                       |  |                              |                 |   |                   |            |                 |

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

| NAME OF COMMITTEE                         | E (Provide Complete Name as Registered with Filing R       | epository)   |   |               | TYPE OF RE  | PORT        |                  |
|---|--|--------------|---|---------------|---|-------------|------------------|
| Alex for Hartford                         |  |              |   |               | October 1   | 0           |                  |
|   | L5. In-Kind Donations Not Consid                           | lered (      | Contributions Associ  | ated with a   | House Par   | ty          |                  |
| Name of Host                              |  |              |   |               |   |             | one candidate o  |
| Wildaliz Bermudez                         |  |              |   |               |   |             |                  |
| Street Address                            |  |              | City  | -             |   | State       | Zip Code         |
| 27 Ellington St                           |  |              | Hartford  |               | CT 06106  |             |                  |
| Description of Donation food and drink    |  |              |   |               | Fair Market Value of Donation                       |             |                  |
| Event # 081323A                           | Aggregate Value of this Event—all hosts \$75               | Ag<br>\$7    | gregate Value of all Events— <i>this i</i><br>75            |               |   |             |                  |
| Name of Host                              |  |              |   |               |   |             | one candidate o  |
| Alex Thomas                               |  |              |   |               | OYes ON<br>complete Itemiz                          |             | ldendum I.5      |
| Street Address                            |  |              | City  | 1) 305, 4     |   | State       | Zip Code         |
| 253 Freeman St                            |  |              | Hartford  |               |   | СТ          | 06106            |
| Description of Donation food and drink    |  |              |   |               | Fair Mai  | ket Value   | of Donation      |
| Event # 081923                            | Aggregate Value of this Event—all hosts \$75               | Ag<br>\$7    | gregate Value of all Events—this host/candidate             |               |   |             |                  |
| Name of Host                              |  | <u></u> l    |   |               |   |             | one candidate or |
| Polly Moran                               |  |              |   |               | OYes ON<br>complete Itemiz                          |             | ldendum I.5      |
| Street Address                            |  |              | City  |               |   | State       | Zip Code         |
| 104 Whitney Ave                           |  |              | Hartford  |               |   | СТ          | 06106            |
| Description of Donation<br>food and drink |  |              |   |               | Fair Market Value of Donation<br>\$75               |             |                  |
| Event #                                   | Aggregate Value of this Event—all hosts                    | Ag           | gregate Value of all Events—this h                          | ost/candidate | "/"   |             |                  |
| 091723A                                   | \$75   | <b> </b> \$7 | 5   |               |   |             |                  |
| Name of Host<br>Camryn Kessler            |  |              |   | committee?    | t supporting more than one candidate or<br>OYes ONo |             |                  |
| Street Address                            |  |              | City  | If yes, c     | omplete Itemiza                                     | State State | Zip Code         |
| 73 Imlay St                               |  |              | Hartford  |               |   | CT          | 06105            |
| Description of Donation<br>food and drink |  |              |   |               | Fair Market Value of Donation                       |             |                  |
| Event #<br>092223A                        | Aggregate Value of this Event—all hosts \$75               |              | \$75 Aggregate Value of all Events—this host/candidate \$75 |               |   |             |                  |
|   |  | SUB          | TOTAL Section L5 —  | This Page     | \$300   |             |                  |
|   |  | тота         | L of additional Section                                     | L5 Pages      | \$150   |             |                  |
|   | OF ALL IN-KIND DONATIONS N H A HOUSE PARTY (Enter total or |              | ONSIDERED CONTRI<br>2, Column A of Summary                  |               | \$450   |             |                  |
|   |  |              | <u> </u>  |               | <u> </u>  |             |                  |

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

| Revised January 2015   | 11. 11011110              | MERAICI REC   | LII IS (Secon                         | JII 3 141—O)                |             | •                                     |
|--|---------------------------|---|---------------------------------------|-----------------------------|-------------|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete  | 2 Name as Registered with | ı Filing Repository)  |                                       | TYPE OF REPORT              |             |                                       |
| Alex for Hartford  |                           |   |                                       | October 10                  |             |                                       |
|  |                           | M. In-Kind Con  | tributions                            |                             |             |                                       |
| Name   |                           |   |                                       |                             |             |                                       |
| Street Address   |                           | 1   | City                                  |                             | State       | Zip Code                              |
|  |                           |   | ion,                                  |                             |             |                                       |
| Type of contributor: Committee   | Date Received             | Aggregate Contributions   | Description of In-Kind                | d Contribution              | <u></u>     |                                       |
| OIndividual / Sole Proprietorship OOther                                     | ļ                         |   |                                       |                             |             |                                       |
| Is contributor a lobbyist, spouse, Q Yes                                     | daga aanteibustuu au      | n excess of \$400 to a candid                                   |                                       |                             | •           |                                       |
| or dependent child of a lobbyist? O No                                       | valued at more than       | business he/she is associated \$5,000?                          | OYes ONo                              | vith said municipality      | I           | Market Value<br>Contribution          |
| Is this contribution associated with an                                      | Yes Is contribu           | outor a principal of a state co                                 |                                       |                             | /es         |                                       |
| event reported in Section L1?  If yes, list Event #                          |                           | , indicate which branch or<br>ernment the contract is with      |                                       | O Legislative               | No          |                                       |
| Name   |                           |   |                                       |                             |             | , , , , , , , , , , , , , , , , , , , |
|  |                           |   |                                       |                             |             |                                       |
| Street Address   |                           |   | City                                  |                             | State       | Zip Code                              |
| Type of contributor: Committee   | Date Received             | Aggregate Contributions   | Description of In-Kind                | 2 O- atribution             |             |                                       |
| Type of contributor: Committee  Clindividual / Sole Proprietorship Other     |                           | Aggregate Controutions  | Description of in-King                | 1 Содиновноп                |             |                                       |
|  | 70 70 1                   | in excess of \$400 to a candid                                  | date for a chief executive            | e officer of a municipality | v Fair      | Market Value                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes     | ·                         | or business he/she is associat                                  |                                       |                             | · .         | s Contribution                        |
| Is this contribution associated with an                                      | <del>'_</del>             | utor a principal of a state co.                                 |                                       | tate contractor?            |             |                                       |
| event reported in Section L1?  If yes, list Event #                          | No If yes,                | , indicate which branch or le<br>ernment the contract is with   | branches                              | OLegislative                | 40          |                                       |
| Name   | 01 5010                   | Million the contract is with                                    | E EACOUITE                            | Oregistative                |             | <b>J</b>                              |
|  |                           |   |                                       |                             |             |                                       |
| Street Address   |                           |   | City                                  |                             | State       | Zip Code                              |
|  |                           |   |                                       |                             |             |                                       |
| Type of contributor: Committee   | Date Received             | Aggregate Contributions   | Description of In-Kind                | Contribution                | <del></del> |                                       |
| OIndividual / Sole Proprietorship OOther                                     |                           |   |                                       |                             | <del></del> |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?         | does contributor or       | n excess of \$400 to a candid<br>or business he/she is associat |                                       |                             |             | Market Value<br>Contribution          |
|  | valued at more that       | ın \$5,000?   | O Yes O No                            |                             | _           |                                       |
| Is this contribution associated with an event reported listed in Section L1? | No If yes,                | utor a principal of a state con<br>indicate which branch or b   | branches _                            | $\mathbf{O}_{N}$            | es<br>lo    |                                       |
| If yes, list Event #   | of gove                   | ernment the contract is with                                    | : C Executive                         | OLegislative                |             |                                       |
|  |                           | SUBTOTAL S  | Section M — This Pa                   | ige                         |             |                                       |
|  |                           | TOTAL of addi   | itional Section M Pag                 | ges                         |             |                                       |
| TOTAL OF ALL IN-KIND CON   | TRIBUTIONS a              | Enter total on Line 23. Calu                                    | A of Summary Page T                   | Catalel                     |             |                                       |
|  |                           |   |                                       | 2000 CO                     |             |                                       |
|  | N. Refund                 | dable Deposit to Te   | elephone Compa                        |                             | Γ           |                                       |
| Last Name of Individual  |                           | First   |                                       | MI                          | Date Deposi | ł Made                                |
|  |                           |   |                                       |                             |             |                                       |
| Residential Street Address   |                           | City  |                                       | State Zip Code              |             | Amount of                             |
|  |                           |   |                                       | ll                          |             | Deposit                               |
| Name of Telephone Company  |                           |   |                                       |                             |             |                                       |
|  |                           |   |                                       |                             |             |                                       |
| Street Address   |                           | City  | · · · · · · · · · · · · · · · · · · · | State Zip Code              |             |                                       |
|  |                           |   |                                       |                             |             | `                                     |
| TOTAL SE   | ECTION N (Entar           | total on Line 24, Column /                                      | Para Tal                              |                             |             |                                       |
| IVIALOR  | SC TION IN (Enter         | total on Line 24, Column 7                                      | A 01 Summary rage 100                 | ais)                        |             |                                       |

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

| NAME OF COMMI<br>Alex for Hartford       | AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT  October 10   |                               |   |                 |                   |
|--|---|-------------------------------|---|-----------------|-------------------|
| / WOX TO: T.E. C.O.                      |   | Paid by Committee             |   |                 |                   |
| Name of Payce Joel Cintron               | **************************************  |                               | Date of Payment 8/1/23                          | Method of Che   |                   |
| Street Address 52 Clifford St, Ap        | ot 3  | City<br>Hartford              |   | State<br>CT     | Zip Code<br>06114 |
| Purpose of Expenditure (by code) MISC    | Description Photography   | phy Event #                   |   |                 |                   |
| Expenditure # (if applicable)            | Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control     | re) Independent               | OAOBOCOD  |                 |                   |
| Name of Payee<br>Joel Cintron            |   |                               | Date of Payment<br>8/31/23                      | Method o O Chec |                   |
| Street Address<br>52 Clifford St, Ap     | ot 3  | City<br>Hartford              |   | State<br>CT     | Zip Code<br>06114 |
| Purpose of Expenditure<br>(by code) MISC | Description Videography   | Event                         | · #   | \$240           | Amount            |
| Expenditure # (If applicable)            | Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri      | re) Independent               | OA OB OC OD                                     |                 |                   |
|  |   | Date of Payment               | Method of Payment;  Check #95  Debit Card  DEFT |                 |                   |
| Street Address 18 Quarry Rd              |   | City<br>Simsbury              |   | State<br>CT     | Zip Code<br>06070 |
| Purpose of Expenditure (by code) A-WEB   | Description Digital advertising   | Event                         | #   | \$500           | Amount            |
| Expenditure # ((f applicable)            | Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled) | ıre)                          | AOBOCO D  |                 |                   |
| Name of Payce<br>Katlynn Watson          |   |                               | Date of Payment 9/8/23                          | Method of Chec  |                   |
| Street Address  26 Racebrook Dr          |   | City<br>East Hartford         |   | State<br>CT     | Zip Code<br>06108 |
| Purpose of Expenditure<br>(by code) WAGE | Description Canvasser pay   | Event                         | .#  | \$120           | Amount            |
| Expenditure #<br>(if applicable)         | Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri      | re) Independent               | DA OB OC OD                                     |                 |                   |
|  | <b>S</b>  | SUBTOTAL Section P — This     | : Page \$960                                    |                 |                   |
|  | TO  | TAL of additional Section P P | Pages \$772.90                                  |                 |                   |
|  |   | NSES PAID BY COMMIT           |   |                 |                   |

### IV. EXPENDITURES (Sections P-T)

| NAME OF COMMITT<br>Alex for Hartford | EE. (Provide Complete Name as Registered with Filing Repositor | (מי  | TYPE OF REPORT October 10 |                           |                     |  |
|--------------------------------------|--|--|---------------------------|---------------------------|---------------------|--|
|                                      |  | penses Paid by Cand  | idate                     |                           |                     |  |
| l                                    | endor, Person or Entity who candidate paid directly)           |  | Date of Payment           | Is rein                   | nbursement claimed? |  |
| Stop & Shop                          |  |  | 9/8/23                    | O Yes O No                |                     |  |
| Street Address                       |  | City   |                           | State                     | Zip Code            |  |
| 150 New Park Ave                     |  | Hartford   |                           | CT                        | 06106               |  |
| Purpose of Expenditure               | Description  |  | Event #                   |                           | Amount              |  |
| (by code)<br>FOOD                    | food for houseparty  |  | 090823A                   | \$41.4                    | 6                   |  |
| Name of Payee (Name of V             | Date of Payment  | Is rein  | bursement claimed?        |                           |                     |  |
|                                      |  |  |                           | 0                         | Yes 🔘 No            |  |
| Street Address                       |  | City   |                           | State                     | Zip Code            |  |
|                                      |  |  |                           |                           |                     |  |
| Purpose of Expenditure               | Description  |  | Event #                   |                           | Amount              |  |
| (by code)                            |  |  |                           |                           |                     |  |
| Name of Payce (Name of V             | endor, Person or Entity who candidate paid directly)           |  | Date of Payment           | Is rein                   | bursement claimed?  |  |
|                                      |  |  | ·                         | 10                        | Yes 🔘 No            |  |
| Street Address                       |  | City   | - Viewy                   | State                     | Zip Code            |  |
| •                                    |  |  |                           |                           |                     |  |
| Purpose of Expenditure               | Description  |  | Event #                   |                           | Amount              |  |
| (by code)                            | •  |  |                           |                           |                     |  |
| Name of Pavee (Name of V             | endor, Person or Entity who candidate paid directly)           | Man Committee Co | Date of Payment           | Is roim                   | bursement claimed?  |  |
|                                      |  |  | _                         | Yes () No                 |                     |  |
| Street Address                       |  | City   |                           | State                     | Zip Code            |  |
|                                      |  |  |                           |                           |                     |  |
| Purpose of Expenditure               | Description  |  | Event #                   |                           | Amount              |  |
| (by code)                            | •  |  |                           |                           |                     |  |
| Name of Pavee (Name of Ve            | endor, Person or Entity who candidate paid directly)           |  | Date of Payment           | Is reimbursement claimed? |                     |  |
|                                      | , , , , , , , , , , , , , , , , , , ,                          |  | Date of Fuyingin          | _                         | Yes O No            |  |
| Street Address                       |  | City   |                           | State                     | Zip Code            |  |
|                                      |  |  |                           | , Swite                   | Dip Godo            |  |
| Purpose of Expenditure               | Description  |  | Event #                   |                           | Amount              |  |
| (by code)                            | Description  |  | DIVIN "                   |                           | Amount              |  |
| Name of Design (Name of K            | D. Friday J. W. H. H. C.                                       |  | In a ch                   |                           | 10                  |  |
| Name of Payee (Name of V             | endor, Person or Entity who candidate paid directly)           |  | Date of Payment           |                           | bursement claimed?  |  |
| Stant Addings                        |  | la:  |                           |                           | Yes O No            |  |
| Street Address                       |  | City   |                           | State                     | Zip Code            |  |
| Purpose of Expenditure               | Description  |  | Event #                   |                           | Amount              |  |
| (by code)                            |  |  |                           |                           |                     |  |
|                                      |  | SUBTOTAL Section Q -   | -This Page \$41.46        |                           |                     |  |
|                                      | Te   | OTAL of additional Section   | on Q Pages                |                           |                     |  |
|                                      |  | PENSES PAID BY CA  |                           |                           |                     |  |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Alex for Hartford  October 10 |   |  |                                      | RT              |             |
|---|---|--|--------------------------------------|-----------------|-------------|
|   | R. Expenses Incurre   | ed on Committee Cr                       | edit Card                            |                 |             |
| Name of Issuing Ins   | titution  | Type of Credit Card:                     |                                      |                 |             |
|   |   | O Visa O Master                          | Card ODiscover O                     | American Expres | s Other:    |
| Name of Vendor, Person  | or Entity   | <u></u>                                  |                                      | Date of         | Fransaction |
|   |   |  |                                      |                 |             |
| Street Address  |   | City                                     |                                      | State           | Zip Code    |
| Purpose of Expenditure<br>(by code)   | Description   |  | Event #                              |                 | Amount      |
| Expenditure #<br>(if applicable)  | Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind coordinated) | liture) 🚺 Indep                          | is checked) endent ization: OA OB OC | Ов              |             |
| Name of Vendor, Person  | or Entity   |  |                                      | Date of         | Fransaction |
| Street Address  |   | City                                     |                                      | State           | Zip Code    |
| Purpose of Expenditure (by codo)  | Description   |  | Event#                               |                 | Amount      |
| Expenditure # (If applicable)  Name of Vendor, Person   | Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind core Entity     | diture)                                  |                                      |                 | ransaction  |
| - · · · · · · · · · · · · · · · · · · ·   | ,   |  |                                      |                 |             |
| Street Address  |   | City                                     |                                      | State           | Zip Code    |
| Purpose of Expenditure<br>(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 expend Coordinated without reimbursement sought (in-kind co              | liture)                                  | is checked) endent ization:OA OB OC  | Ор              |             |
|   | SI  | UBTOTAL Section R —                      | This Page                            |                 |             |
|   | тот   | FAL of additional Section                | R Pages                              |                 |             |
| TO  | OTAL OF ALL EXPENSES INCURRED ON (Enter total on Line   | COMMITTEE CRED e 27, Column A of Summary |                                      |                 |             |
|   |   |  |                                      |                 |             |
|   |   |  |                                      |                 |             |

| NAME OF COMMIT                      | TEE (Provide Complete Name as Registered   | d with Filing Repository)  | TYPE OF REPOR  | ₹T                        |                                    |
|-------------------------------------|--|--|--|---------------------------|------------------------------------|
| Alex for Hartford                   |  |  | October 10   | <u> 2 2 majora (m. 1 </u> |                                    |
|                                     | S. Expenses Inc  | urred by Committee but Not   | Paid During this Period  |                           |                                    |
| Name of Creditor                    |  |  |  | Date Incur                | red                                |
| Street Address                      |  | City   |  | State                     | Zip Code                           |
| Purpose of Expenditure<br>(by code) | Description  |  | Event #  | i i                       | ount Incurred<br>timate or Actual) |
| Expenditure #<br>(If applicable)    | Type of Expenditure (Itemization in Ad<br>None of the below<br>Coordinated with reimbursemen<br>Coordinated without reimbursem     | at sought (joint expenditure) nent sought (in-kind contribution)     | Independent Organization:  OB OC   | Оъ                        |                                    |
| Name of Creditor                    |  |  |  | Date Incur                | red                                |
| Street Address                      |  | City   |  | State                     | Zip Code                           |
| Purpose of Expenditure<br>(by code) | Description  | ——————————————————————————————————————                               | Event #  | 1                         | ount Incurred<br>timate or Actual) |
| Expenditure # (If applicable)       | Type of Expenditure (Itemization in Ad<br>None of the below<br>Coordinated with reimbursement<br>Coordinated without reimbursement | t sought (joint expenditure) nent sought (in-kind contribution)      | relow" is checked) Independent Organization: OA OB OC  | Op                        |                                    |
| Name of Creditor                    |  |  |  | Date Incur                | red                                |
| Street Address                      |  | City   |  | State                     | Zip Code                           |
| Purpose of Expenditure<br>(by code) | Description  |  | Event#   |                           | ount Incurred<br>imate or Actual)  |
| Expenditure # ((f applicable)       | Type of Expenditure (Itemization in Ad<br>None of the below<br>Coordinated with reimbursement<br>Coordinated without reimbursement |  | Independent Organization: OA OB OC   | Оъ                        |                                    |
|                                     |  | SUBTOTAL Se  | ction S-This Page  |                           |                                    |
|                                     |  | TOTAL of addition  | al Section S Pages   |                           |                                    |
| TOTAL OF ALL I                      | EXPENSES INCURRED BY CO  | MMITTEE DURING THIS PERIO<br>(Enter total on Line 28, Column A of    | Manera Stania Nagaraka Andra (negata Stania Nagarak 1988)  |                           |                                    |
|                                     | Previo   | usly reported Expenses Unpaid and                                    | still Outstanding  |                           |                                    |
|                                     | TOTAL OF ALL EXPEN   | NSES INCURRED BY COMMITTE<br>(Enter total on Line 28a, Column A of S | ning na nga katalah dalah katalah da katalah |                           |                                    |
|                                     |  |  |  |                           |                                    |

### IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTE<br>Alex for Hartford | BE (Provide Complete Name as Registered with Filing Reposit   | ory)        |  | YPE OF REPORT October 10                              |  |
|---------------------------------------|---|-------------|--|---|--|
| Alex for Hartford                     | T. Itemization of Reim  | hurcamante  |  |   |  |
| Last Name of Worker/Cons              |   | First       | and Secondary 1  | MI  | Date of Payment to Vendor,<br>Person or Entity   |
| Name of Vendor, Person or             | Entity Paid by Committee Worker/Consultant  |             |  | Payment to Reimburse reported in Section P:           | e Committee Worker/Consultant as  Debit Card EFT |
| Street Address of Vendor, I           | Person or Entity Paid by Committee Worker/Consultant  | City        |  |   | State Zip Code                                   |
| Purpose of Expenditure<br>(by code)   | Description   |             | Event #  |   | Amount   |
| Expenditure # (If applicable)         | Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)   | ocnditure)  | O Independent  |   |  |
| Last Name of Worker/Cons              | ultant  | First       |  | MI  | Date of Payment to Vendor,<br>Person or Entity   |
| Name of Vendor, Person or             | Entity Paid by Committee Worker/Consultant  |             |  | Payment to Reimburse reported in Section P:  Check #  | Committee Worker/Consultant as  Debit Card EFT   |
| Street Address of Vendor, F           | Person or Entity Paid by Committee Worker/Consultant  | City        |  |   | State Zip Code                                   |
| Purpose of Expenditure<br>(by code)   | Description   |             | Event #  |   | Amount   |
| Expenditure # (if applicable)         | Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin    | enditure)   | O Independent  |   |  |
| Last Name of Worker/Cons              | ultant  | First       |  | MI  | Date of Payment to Vendor,<br>Person or Entity   |
| Name of Vendor, Person or             | Entity Paid by Committee Worker/Consultant  |             |  | Payment to Reimburse reported in Section P:  Check #_ | Committee Worker/Consultant as  Debit Card EFT   |
| Street Address of Vendor, P           | Person or Entity Paid by Committee Worker/Consultant  | City        |  |   | State Zip Code                                   |
| Purpose of Expenditure<br>(by code)   | Description   |             | Event #  |   | Amount   |
| Expenditure #<br>(if applicable)      | Type of Expenditure (Itemization in Addendum T Require  None of the below  Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-king) | enditure)   | Of the below" is checked Of Independent Of Organization: 0 | 000   |  |
|                                       |   | SUBTOTAI    | Section T — This P   | age   |  |
|                                       |   | TOTAL of ad | ditional Section T Pa                                      | ges   |  |
| TOTAL OF ALL                          | REIMBURSEMENT TO COMMITTEE  | WORKERS A   | ND CONSULTAN   | NTS   |  |
| <del></del> -                         | <del></del> -   |             |  |   |  |

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## Section B ADDITIONAL PAGE 1 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |   |   | TYPE OF REPORT                   |                       |                     |
|--|---|---|----------------------------------|-----------------------|---------------------|
| Alex for Hartford  |   |   | October 10                       |                       |                     |
| A. Total Contributions from Small Contributors-Receiption (See instructions for definition of Small Contributor)   |   | iis Period ONLY<br>OTAL SECTION A               | \$                               |                       |                     |
| B. Itemized Co   | ontrib  | utions from Indivi                              | duals                            |                       |                     |
| Last Name  | a contra a successiva   | irst  |                                  |                       | MI                  |
| Trivedi  | S   | hanta   |                                  |                       |                     |
| Residential Street Address   | City  |   |                                  | State                 | Zip Code            |
| 6635 Harlan Pl NW  | Wash  | nington   |                                  | DC                    | 20012               |
| Principal Occupation   |   | Name of Employer                                |                                  | <u> </u>              |                     |
| Attorney   |   | University of Baltim                            | ore                              |                       |                     |
| 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, Amo<br>\$25        | unt of Contribution |
| Is this contribution associated with an event reported in Section L1?  Yes list Event #  Yes ls contributor a principal of a If yes, indicate which bra of government the contra | inch or   | branches _                                      | e contractor? Yes OLegislative   |                       |                     |
| If yes, list Event # of government the contra  |   | Date Received                                   | Aggregate Contributions          | $\dashv$              |                     |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone  | y Order   | 7/7/23  | \$25                             |                       |                     |
| Last Name  |   | rst   |                                  | Щ                     | MI                  |
| Chaves   | - 1   | larisa  |                                  |                       |                     |
| Residential Street Address   | City  |   |                                  | State                 | Zip Code            |
| 1958 Las Gallinas Ave  | San F   | Rafael  |                                  | CA                    | 94903               |
| Principal Occupation   |   | Name of Employer                                |                                  |                       |                     |
| Attorney   |   | Hanson Crawford C                               | rum                              |                       |                     |
| 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>Amo</b><br>\$20 | unt 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 contra                          | anch or   | branches  | e contractor? Yes No Legislative |                       |                     |
| Method of Contribution:  |   | <u>~</u>  | Aggregate Contributions          | _                     |                     |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney   | y Order   | 7/7/23  | \$20                             |                       |                     |
| Last Name  | Fir   |   |                                  |                       | MI                  |
| Mathis   | H   | enry  |                                  |                       | 1                   |
| Residential Street Address   | City  |   |                                  | State                 | Zip Code            |
| 48 Mountain St   | Verno   | on<br>  |                                  | CT                    | 06066               |
| Principal Occupation Minister  |   | Name of Employer Minister Mathis                |                                  |                       |                     |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One dependent child of a lobbyist?  One dependent child of a lobbyist?                                     |   |   |                                  | 7, Amoi               | unt of Contribution |
| or dependent child of a lobbyist?  O No  does contributor or business he/she valued at more than \$5,000?  | is assoc  | Yes O No  | with said municipality           | \$25                  |                     |
| 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:  Executive Legislative |   |                                  |                       |                     |
| Method of Contribution:  | "   | Date Received                                   | Aggregate Contributions          | 7                     |                     |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney   | Order (   | 7/15/23   | \$25                             |                       |                     |
| SUBT   | гота  | L Section B — This                              | Page \$70                        | <u></u>               |                     |
| тоты   | L of ad   | Iditional Section B P                           | ages \$3540                      |                       |                     |
| TOTAL OF ALL CONTRIBUTIONS FROM<br>(Enter total on Line  |   | IVIDUALS (Sections A<br>umn A of Summary Page T |                                  |                       |                     |

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# Section B ADDITIONAL PAGE 2 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |   |                           | TYPE OF REPORT                    |                    |                     |
|--|---|---------------------------|-----------------------------------|--------------------|---------------------|
| Alex for Hartford  |   |                           | October 10                        |                    |                     |
| A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  |   | eriod ONLY<br>L SECTION A | \$                                | · —                |                     |
|  |   |                           |                                   |                    |                     |
| B. Itemized Co   | ntributio   | ns from Indivi            | duals                             |                    |                     |
| Last Name  | First   |                           |                                   |                    | MI                  |
| Dundin   | Louis   |                           |                                   |                    |                     |
| Residential Street Address   | City  | <del>,,</del>             |                                   | State              | Zip Code            |
| 8 Rodnick St   | Grafton   |                           |                                   | MA                 | 01519               |
| Principal Occupation   |   | ne of Employer            |                                   |                    |                     |
| Attorney   | Co  | mmonwealth of             | Massachusetts                     |                    |                     |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?   |   |                           |                                   | y, <b>Amo</b>      | unt 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 bra of government the contra   | inch or brancl  | hes                       | Contractor? Yes No                |                    |                     |
| Method of Contribution:  | Date  | Received                  | Aggregate Contributions           |                    |                     |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone  | y Order 7/  | 16/23                     | \$100                             |                    |                     |
| Last Name  | First   |                           |                                   |                    | MI                  |
| Ambrose  | Dave  |                           |                                   |                    |                     |
| Residential Street Address   | City  |                           |                                   | State              | Zip Code            |
| 232 Hiawatha Ave   | Inverness   |                           |                                   | FL.                | 34452               |
| Principal Occupation   | Nam   | nc of Employer            |                                   |                    |                     |
| Teacher  | Citr  | rus County Schoo          | ol Board                          |                    |                     |
| 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             | unt 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 contra  | inch or branc   | hes                       | e contractor?  Yes No Legislative |                    |                     |
| Method of Contribution:  | Date  |                           | Aggregate Contributions           |                    |                     |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney   | Order 7/1   | 17/23                     | \$50                              |                    |                     |
| Last Name  | First   |                           |                                   |                    | MI                  |
| Gill   | Aaron   |                           |                                   |                    | 1                   |
| Residential Street Address   | City  |                           |                                   |                    | Zip Code            |
| 215 Lawrence St  | Hartford  |                           |                                   | CT                 | 06106               |
| Principal Occupation   |   | e of Employer             |                                   | <u>—</u>           | <del>- '</del> '    |
| Engineer   | Wo  | lverine Property          | LLC                               |                    | _                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes O No  Yes O No  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 O No  \$50 |   |                           |                                   | nt of Contribution |                     |
| event reported in Section L1?  | ted in Section L1? O No If yes, indicate which branch or branches |                           |                                   |                    |                     |
| Method of Contribution:  |   |                           | Aggregate Contributions           |                    |                     |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney   | Order 7/2   | 1/23                      | \$50                              |                    |                     |
| SUBT   | FOTAL Se  | ction B — This )          | Page \$200                        |                    |                     |
| TOTAL  | L of additio  | onal Section B P          | ages \$3410                       |                    |                     |
| TOTAL OF ALL CONTRIBUTIONS FROM<br>(Enter total on Line  |   |                           |                                   |                    |                     |

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# Section B ADDITIONAL PAGE 3 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor   | ry)       |  | TYPE OF REPORT                         |  |                      |
|--|-----------|--|--|--|----------------------|
| Alex for Hartford  |           |  | October 10                             |  |                      |
| A. Total Contributions from Small Contributors-Rec<br>(See instructions for definition of Small Contributor)   |           | this Period ONLY<br>TOTAL SECTION A                | \$                                     |  |                      |
| P. Ifamizad  | Contr     | ibutions from Indivi                               | duele                                  |  |                      |
| Last Name  | Conti     | First  | uuais                                  |  | MI                   |
| Arroyo   |           | Liany  |  |  |                      |
| Residential Street Address   | City      | <u> </u>   | <del></del>                            | State                                  | Zip Code             |
| 126 Westerly Terr  | Hai       | rtford   |  | СТ                                     | 06105                |
| Principal Occupation   |           | Name of Employer                                   |  | ــــــــــــــــــــــــــــــــــــــ |                      |
| coo  |           | Charter Oak Health                                 | Center                                 |  |                      |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{3}{2}\$ does contributor or business here valued at more than \$5,000?   | she is as | sociated with have a contract OYes ONo             | with said municipality                 | y, <b>A</b> mo                         | ount of Contribution |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which indicate wh | branch o  |  | e contractor? Yes  OLegislative        |  |                      |
| Method of Contribution:  |           | Date Received                                      | Aggregate Contributions                | _                                      |                      |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMO  | oney Ord  | er 7/22/23   | \$50                                   |  |                      |
| Last Name  |           | First  |  | <del></del> _                          | MI                   |
| Dunbar   |           | Carolyn  |  |  |                      |
| Residential Street Address   | City      |  |  | State                                  | Zip Code             |
| 2850 Johnson Ave   | Ala       | meda   |  | CA                                     | 94501                |
| Principal Occupation   |           | Name of Employer                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | <u> </u>             |
| retired  |           | retired  |  |  |                      |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?   |           |  |  | y, Amo<br>\$250                        | ount of Contribution |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of If yes, indicate which of government the contributor of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which indicate whi | branch o  |  | e contractor? Yes  O Legislative       |  |                      |
| Method of Contribution:  |           | ,  | Aggregate Contributions                |  |                      |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo  | oney Orde | er 7/25/23   | \$250                                  |  |                      |
| Last Name  |           | First  |  |  | MI                   |
| Sanford  |           | Glen   |  |  |                      |
| Residential Street Address   | City      | meda   |  | State<br>CA                            | Zip Code<br>94501    |
| 2850 Johnson Ave   | Ala       |  |  | LCA                                    | 94501                |
| Principal Occupation Software Engineer   |           | Name of Employer Salesforce                        |  |  |                      |
|  | 100       |  |  |  |                      |
| 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 of 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?  Solventially, and the 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?   |           |  |  | ount of Contribution                   |                      |
| event reported in Section L1?  |           |  |  |  |                      |
| Method of Contribution:  |           | Date Received                                      | Aggregate Contributions                |  |                      |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor   | mey Orde  | er 7/25/23   | \$250                                  |  |                      |
| SU   | втот      | AL Section B — This                                | Page \$550                             |  |                      |
| тот  | 'AL of    | additional Section B P                             | ages \$3060                            |  |                      |
| TOTAL OF ALL CONTRIBUTIONS FR<br>(Enter total on Liv   |           | DIVIDUALS (Sections A<br>olumn A of Summary Page 1 |  |  |                      |

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SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 4 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |   |                                     | TYPE OF REPORT                   |          |                      |  |
|---|---|-------------------------------------|----------------------------------|----------|----------------------|--|
| Alex for Hartford   | -   |                                     | October 10                       |          |                      |  |
| A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)  | Contract to the contract of   | is Period ONLY<br>OTAL SECTION A    | \$                               |          |                      |  |
|   |   |                                     |                                  |          |                      |  |
|   | e de la figura de la completa   | itions from Indivi                  | duals                            |          | I MT                 |  |
| Last Name McCrory   | First<br>Do   | st<br>OUG                           |                                  |          | MI                   |  |
| Residential Street Address  | City  |                                     |                                  | State    | Zip Code             |  |
| 235 Blue Hills Ave  | Hartfo  | ord                                 |                                  | СТ       | 06112                |  |
| Principal Occupation  | 1   | Name of Employer                    |                                  | <u> </u> |                      |  |
| Education   |   | CREC                                | t.                               |          |                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?                                     | is assoc  | iated with have a contract OYes ONo | with said municipality           | \$25     | ount of Contribution |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bran of government the contract  | nch or b  | ranches _                           | O No                             |          |                      |  |
| Method of Contribution:   |   | Date Received                       | Aggregate Contributions          |          |                      |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney  | Order   | 7/25/23                             | \$250                            |          |                      |  |
| Last Name<br>Petit  | Firs<br>Ur  | ania                                | <u></u>                          | <u> </u> | MI                   |  |
|   | City  |                                     |                                  | State    | Zip Code             |  |
|   | Hartfo  | ord                                 |                                  | CT       | 06112                |  |
| Principal Occupation  |   | Name of Employer                    |                                  |          |                      |  |
| Consultant  |   | Unemployment                        |                                  |          |                      |  |
|   | does contributor or business he/she is associated with have a contract with said municipality |                                     |                                  |          | ount 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 section L1?  If yes, indicate which branch of government the contraction. | nch or b  | ranches                             | C Legislative                    |          |                      |  |
| Method of Contribution:   | [   | Date Received                       | Aggregate Contributions          | 7        |                      |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney  | Order   | 7/25/23                             | \$100                            |          |                      |  |
| Last Name<br>Lewis  | Firs<br>Di  | ane                                 |                                  |          | MI                   |  |
|   | City  |                                     |                                  | State    | Zip Code             |  |
|   | Hartfo  | ord                                 |                                  | 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 does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?                                |   |                                     |                                  | /, Amo   | ount of Contribution |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No Is contributor a principal of a st If yes, indicate which bran of government the contract              | nch or but<br>t is with   | ranches:                            | _ <b>⊙</b> No                    |          |                      |  |
| Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney   | - 1   | Date Received<br>8/3/23             | Aggregate Contributions<br>\$150 |          |                      |  |
| SUBT  | OTAI  | Section B — This                    | Page \$400                       |          |                      |  |
| TOTAL   | of ade  | ditional Section B P                | ages \$3210                      |          |                      |  |
| TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.   |   | VIDUALS (Sections A                 |                                  |          |                      |  |

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# Section B ADDITIONAL PAGE 5 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,   | ,                |   | TYPE OF REPORT                        |                       |                      |  |  |
|--|------------------|---|---------------------------------------|-----------------------|----------------------|--|--|
| Alex for Hartford  |                  |   | October 10                            |                       |                      |  |  |
| A. Total Contributions from Small Contributors-Rece<br>(See instructions for definition of Small Contributor)  |                  | his Period ONLY<br>OTAL SECTION A                 | \$                                    | \$                    |                      |  |  |
| B. Itemized C  | entrance bearing | outions from Indivi                               | duals                                 |                       | MI                   |  |  |
| Ayers  | ļ                | Daria   |                                       |                       |                      |  |  |
| Residential Street Address   | City             |   |                                       | State                 | Zip Code             |  |  |
| 598 Ridge Rd   | Wetl             | hersfield<br>———————————————————————————————————— |                                       | CT                    | 06109                |  |  |
| Principal Occupation Community Recreation Counselor  | <del></del> "    | Name of Employer City of Hartford                 |                                       |                       |                      |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/s 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   Is contributor a principal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which is the indicate | ranch or         | ontractor or prospective state<br>branches        | _ <b>①</b> No                         |                       |                      |  |  |
| Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon  | ney Order        | Date Received 8/9/23                              | Aggregate Contributions<br>\$50       |                       |                      |  |  |
| Last Name  |                  | irst  |                                       |                       | MI                   |  |  |
| Ganong   | S                | Sarah<br>   |                                       |                       |                      |  |  |
| Residential Street Address 72 Hamilton St, Floor 3   | City<br>Hartl    | ford  |                                       | State<br>CT           | Zip Code<br>06112    |  |  |
| Principal Occupation   | <u> </u>         | Name of Employer                                  |                                       | <u> </u>              |                      |  |  |
| State Party Director   |                  | Working Families Pa                               | arty<br>                              |                       |                      |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?   |                  |   |                                       | y, <b>Amo</b><br>\$50 | ount 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 If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor.   | oranch or        | branches  | e contractor? Yes  No  Legislative    |                       |                      |  |  |
| Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon-   | ney Order        | 1   | Aggregate Contributions<br>\$50       |                       |                      |  |  |
| Last Name<br>ElliOtt   | J                | irst<br>Oshua                                     | · · · · · · · · · · · · · · · · · · · |                       | MI                   |  |  |
| Residential Street Address   | City             |   |                                       | State                 | Zip Code             |  |  |
| 59 MacArthur Dr  | Ham              | den   |                                       | СТ                    | 06437                |  |  |
| Principal Occupation Owner   |                  | Name of Employer Thyme and Season                 | <u>.</u>                              | <u> </u>              | <u> </u>             |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?   |                  |   |                                       | y, Amo<br>\$50        | unt of Contribution  |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of If yes, indicate which be of government the contributor.   | ranch or l       | branches  | Contractor? Yes No Legislative        |                       |                      |  |  |
| Method of Contribution:  | -                | Date Received                                     | Aggregate Contributions               | 7                     |                      |  |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon   | ey Order         | 8/9/23  | \$50                                  |                       |                      |  |  |
| SUB  | ВТОТА            | L Section B — This                                | Page \$150                            |                       |                      |  |  |
| TOTA   | AL of ac         | dditional Section B P                             | ages \$3460                           |                       |                      |  |  |
| TOTAL OF ALL CONTRIBUTIONS FRO   |                  | IVIDUALS (Sections A                              |                                       |                       | . — —                |  |  |



SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 6 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |                |                          | TYPE OF REPORT                    |               |                      |  |
|--|----------------|--------------------------|-----------------------------------|---------------|----------------------|--|
| Alex for Hartford  |                |                          | October 10                        |               |                      |  |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A   |                |                          | \$                                |               |                      |  |
|  |                |                          |                                   |               |                      |  |
|  |                | tions from Indivi        | duals                             |               |                      |  |
| Last Name Wyse   | Firs<br>Sh     | aron                     |                                   |               | MI                   |  |
| Residential Street Address   | City           |                          |                                   | State         | Zip Code             |  |
| 549 1st Street   | Brook          | lyn                      |                                   | NY            | 11215                |  |
| Principal Occupation   | <u></u>        | Name of Employer         |                                   | L             | <u> </u>             |  |
| Consultant   |                | self                     |                                   |               |                      |  |
| 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>Amo</b> | ount of Contribution |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a   If yes, indicate which brain of government the contract     | inch or br     | anches                   | _ O No                            |               |                      |  |
| Method of Contribution:  |                | Date Received            | Aggregate Contributions           | 1             |                      |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney   | y Order        | 8/11/23                  | \$250                             | <u></u>       |                      |  |
| Last Name  | First          |                          |                                   |               | MI                   |  |
| Barnes   |                | brielle                  |                                   |               | <u></u>              |  |
| Residential Street Address 31 Woodland St  | City<br>Hartfo | rd                       | ,                                 | State<br>CT   | Zip Code<br>06106    |  |
| Principal Occupation   | <u> </u>       | Name of Employer         | <u> </u>                          |               | <del></del>          |  |
| Librarian  | ]              | Town of Windsor          |                                   |               |                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?        |                |                          |                                   | , Amo         | ount of Contribution |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a   If yes, indicate which brain of government the contraction. | nch or bi      | ranches                  | e contractor?  Yes No Legislative |               |                      |  |
| Method of Contribution:  |                | Date Received            | Aggregate Contributions           | 7             |                      |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney   | Order          | 8/12/23                  | \$25                              |               |                      |  |
| Last Name  | First          |                          |                                   |               | MI                   |  |
| McCormick  | Ke             | vin                      |                                   |               |                      |  |
| Residential Street Address 190 Middletown Rd   | Colche         | ester                    |                                   | State<br>CT   | Zip Code<br>06415    |  |
| Principal Occupation   | <u>'</u>       | Name of Employer         |                                   |               | <u> </u>             |  |
| Engineering technician   | ]              | Consulting firm          |                                   |               |                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?            |                |                          |                                   | , Amo         | ount of Contribution |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A  Yes Is contributor a principal of a section L1?  If yes, list Event # 081323A               | nch or br      | anches _                 | contractor? OYes No               |               |                      |  |
| Method of Contribution:  Cash Personal Check Occedit/Debit Card Payroll Deduction Omoney   |                | Date Received<br>8/13/23 | Aggregate Contributions \$25      |               |                      |  |
| SUBT   | TOTAL          | Section B — This         | Page \$300                        | <u></u>       |                      |  |
|  |                | litional Section B P     |                                   |               |                      |  |
| TOTAL OF ALL CONTRIBUTIONS FROM<br>(Enter total on Line 1  |                | /IDUALS (Sections A      |                                   |               |                      |  |

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# Section B ADDITIONAL PAGE 7 of 18

| NAME OF COMMITTEE (Provide Complete Nam   | ne as Registered with Filing Repository)   |                 |  | TYPE OF REPORT                   |                       |                      |  |
|---|--|-----------------|--|----------------------------------|-----------------------|----------------------|--|
| Alex for Hartford   |  |                 | October 10                                     | October 10                       |                       |                      |  |
| A. Total Contributions from S (See instructions for definition of Small                             |  |                 | is Period ONLY<br>OTAL SECTION A               | \$                               |                       |                      |  |
|   | B. Itemized Co.  | ntrib           | utions from Indivi                             | duals                            |                       |                      |  |
| Last Name   |  | ere regresser.  | rst  |                                  | No Consultation       | MI                   |  |
| Kessler   |  | Z               | ack  |                                  |                       | ļ                    |  |
| Residential Street Address  |  | City            |  |                                  | State                 | Zip Code             |  |
| 1269 1/2 Morse St NE  |  | Wash            | nington  |                                  | DC                    | 20002                |  |
| Principal Occupation  |  | <u> </u>        | Name of Employer                               |                                  | <del></del> -         |                      |  |
| Attorney  |  |                 | WilmerHale                                     |                                  |                       |                      |  |
| 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, Amo                | ount of Contribution |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A | Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac             | ach or l        | branches                                       | _ <b>①</b> No                    |                       |                      |  |
| Method of Contribution:   |  |                 | Date Received                                  | Aggregate Contributions          |                       |                      |  |
| Ocash OPersonal Check OCredit/Debit C   | ard OPayroll Deduction OMoney  | Order           | 8/13/23  | \$100                            |                       |                      |  |
| Last Name   |  | Fir             | st   | <u> </u>                         | l                     | MI                   |  |
| Reyes   |  | R               | ose  |                                  |                       |                      |  |
| Residential Street Address  | 1  | City            | <del></del>                                    |                                  | State                 | Zip Code             |  |
| 3104 Summit St  |  | Willin          | nantic   |                                  | CT                    | 06226                |  |
| Principal Occupation  |  | ü               | Name of Employer                               |                                  | <b>'</b>              | <u> </u>             |  |
| Bilingual educator  |  |                 | Windham Public Sc                              | hools                            |                       |                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes                            | If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?   |                 |  |                                  | /, Amo                | unt of Contribution  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A |  | nch or l        | branches _                                     | e contractor? Yes No Legislative | _                     |                      |  |
| Method of Contribution:   |  |                 | <del>,,</del>                                  | Aggregate Contributions          | 7                     |                      |  |
| OCash OPersonal Check OCredit/Debit Ca  | ard Payroll Deduction OMoney   | Order           | 8/13/23  | \$25                             |                       |                      |  |
| Last Name   |  | Fir             |  |                                  |                       | MI                   |  |
| Moran   |  | Po              | olly   |                                  |                       |                      |  |
| Residential Street Address  |  | City            |  |                                  | State                 | Zip Code             |  |
| 104 Whitney St  |  | Hartf           | <del></del>                                    |                                  | СТ                    | 06105                |  |
| Principal Occupation  |  |                 | Name of Employer                               | all                              |                       |                      |  |
| Certified nurse midwife   |  |                 | SHE Medical Associ                             | ation<br>                        |                       |                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No                         | If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000? |                 |  |                                  | /, <b>Amo</b><br>\$25 | unt of Contribution  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A | Is contributor a principal of a so  If yes, indicate which bran of government the contract                 | ich or b        | oranches                                       | _ <b>O</b> No                    |                       |                      |  |
| Method of Contribution:  Cash Personal Check Credit/Debit Ca  | ard OPayroll Deduction OMoney  | Order           | Date Received<br>8/13/23                       | Aggregate Contributions<br>\$25  |                       |                      |  |
|   | SUBT   | OTA             | L Section B — This                             | Page \$150                       |                       |                      |  |
|   | TOTAL  | of ad           | ditional Section B P                           | ages \$3460                      |                       |                      |  |
| TOTAL OF A  | LL CONTRIBUTIONS FROM<br>(Enter total on Line 1.   | INDI<br>3, Colu | VIDUALS (Sections A<br>umn A of Summary Page I | (+ <b>B</b> )<br>Fotals) \$3610  |                       |                      |  |

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# Section B ADDITIONAL PAGE 8 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                      |  |                          | TYPE OF REPORT                                  |                                 |                      |                      |  |  |
|---|--|--------------------------|---|---------------------------------|----------------------|----------------------|--|--|
| Alex for Hartford   |  |                          |   | October 10                      | October 10           |                      |  |  |
| A. Total Contributions from S (See instructions for definition of Small                             | arang menganang ang kalang menggan penggan penggan kananggan penggan penggan penggan penggan penggan penggan p |                          | nis Period ONLY<br>OTAL SECTION A               | \$                              | \$                   |                      |  |  |
|   | B. Itemized Co   | ntrib                    | outions from Indivi                             | duals                           |                      |                      |  |  |
| Last Name   |  | and the second           | irst  |                                 | a spire a section of | MI                   |  |  |
| Espinoza  |  | R                        | Ramon   |                                 |                      | Ì                    |  |  |
| Residential Street Address  |  | City                     |   |                                 | State                | Zip Code             |  |  |
| 51 Pulaski Dr   |  | Harti                    | ford  |                                 | СТ                   | 06106                |  |  |
| Principal Occupation  |  | · ·                      | Name of Employer                                | <del></del>                     | <u></u> .            | <u>.</u>             |  |  |
| UConn   |  |                          | Counselor                                       |                                 |                      |                      |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                | If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?         |                          |   |                                 | y, <b>Am</b> o       | ount of Contribution |  |  |
| Is this contribution associated with an event reported in Section L1?  If pes, list Event # 081323A | Yes Is contributor a principal of a sign of yes, indicate which bran of government the contract                | nch or                   | branches  | No No                           |                      |                      |  |  |
| Method of Contribution:   |  |                          | Date Received                                   | Aggregate Contributions         |                      |                      |  |  |
| OCash OPersonal Check OCredit/Debit Ca  | ard OPayroll Deduction OMoney  | Order                    | 8/13/23   | \$10                            |                      |                      |  |  |
| Last Name   |  | Fi                       | rst   | <u> </u>                        |                      | MI                   |  |  |
| Martinez  |  | Υ                        | 'esenia   |                                 |                      |                      |  |  |
| Residential Street Address  | <u> </u>   | City                     |   |                                 | State                | Zip Code             |  |  |
| 1580 Main St, Apt 3A  |  | Hartf                    | ford  |                                 | СТ                   | 06120                |  |  |
| Principal Occupation  |  |                          | Name of Employer                                |                                 | <u></u>              | <u> </u>             |  |  |
| Unemployed  |  |                          | Unemployed                                      |                                 |                      |                      |  |  |
| 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?         |                          |   |                                 | /, Amo               | unt of Contribution  |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A | Yes Is contributor a principal of a self yes, indicate which branched of government the contract               | nch or                   | branches th:                                    | O Legislative                   |                      |                      |  |  |
| Method of Contribution:   |  |                          | 1   | Aggregate Contributions         |                      |                      |  |  |
| OCash OPersonal Check OCredit/Debit Ca  | ard OPayroll Deduction OMoney  | Order                    | 8/13/23   | \$5                             |                      |                      |  |  |
| Last Name   |  |                          | rst<br>on anhina                                |                                 |                      | MI                   |  |  |
| Healy<br>————————————————————————————————————   |  |                          | osephine<br>                                    |                                 |                      |                      |  |  |
| Residential Street Address 73 Imlay St  | · · · · · · · · · · · · · · · · · · ·  | <sub>City</sub><br>Hartf | Ford .  |                                 | State<br>CT          | Zip Code<br>06105    |  |  |
| Principal Occupation  |  |                          | Name of Employer                                |                                 | L                    | <u> </u>             |  |  |
| Data collector  |  |                          | ABT Associates                                  |                                 |                      |                      |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                | If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?      |                          |   |                                 | /, Amo               | unt of Contribution  |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A | Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac                 | ich or l                 | branches<br>h:                                  | ■No                             |                      |                      |  |  |
| Method of Contribution:  Cash Personal Check Credit/Debit Ca  | urd OPayroll Deduction OMoney  | Order                    | 1 1   | Aggregate Contributions<br>\$10 |                      |                      |  |  |
|   | SUBT   | ОТА                      | L Section B — This                              | Page \$25                       |                      |                      |  |  |
|   | TOTAL  | of ac                    | lditional Section B P                           | ages \$3585                     |                      |                      |  |  |
| TOTAL OF A  | LL CONTRIBUTIONS FROM<br>(Enter total on Line 1  |                          | IVIDUALS (Sections A<br>umn A of Summary Page 1 |                                 |                      | <u></u>              |  |  |

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# Section B ADDITIONAL PAGE 9 of 18

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |                      |   | TYPE OF REPORT                    |                   |                     |  |  |
|---|----------------------|---|-----------------------------------|-------------------|---------------------|--|--|
| Alex for Hartford   |                      | <del>.</del>                                  | October 10                        | October 10        |                     |  |  |
| A. Total Contributions from Small Contributors-Recei- (See instructions for definition of Small Contributor)  |                      | s Period ONLY<br>TAL SECTION A                | \$                                |                   |                     |  |  |
| B. Itemized Co  | ontribu<br>Firs      | tions from Indivi                             | duals                             |                   | MI                  |  |  |
| labai   | 1                    | arice   |                                   |                   | IVIL                |  |  |
| Residential Street Address  | City                 |   | <del></del>                       | State             | Zip Code            |  |  |
| 8 Fales St  | Hartfo               | ord   |                                   | СТ                | 06105               |  |  |
| Principal Occupation Retired  |                      | Name of Employer<br>Retired                   |                                   |                   |                     |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?  |                      |   |                                   | y, <b>Am</b> o    | unt of Contribution |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A  Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction. | anch or bi           | ranches                                       | Chegislative                      |                   |                     |  |  |
| Method of Contribution;   |                      | Date Received                                 | Aggregate Contributions           | 7                 |                     |  |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone   | y Order              | 8/13/23                                       | \$40                              |                   |                     |  |  |
| Last Name Long  | First<br>Ga          | nnon  |                                   |                   | MI                  |  |  |
| Residential Street Address  | City                 |   |                                   | State             | Zip Code            |  |  |
| 114 Warrenton Ave   | Hartfo               | rd  |                                   | CT                | 06105               |  |  |
| Principal Occupation  | J                    | Name of Employer                              |                                   | <u></u>           |                     |  |  |
| Chief Program Officer   |                      | Operation Fuel.                               |                                   |                   |                     |  |  |
| 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?                    |                      |   |                                   | , <b>Amo</b> \$50 | unt of Contribution |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A  Yes No If yes, indicate which bra of government the contra   | anch or b            | ranches                                       | e contractor?  Yes No Legislative |                   |                     |  |  |
| Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney   | 1                    | Date Received<br>8/13/23                      | Aggregate Contributions<br>\$75   |                   |                     |  |  |
| Last Name   | First                |   |                                   |                   | MI                  |  |  |
| Deutsch   | Lar                  |   |                                   | ai .              |                     |  |  |
| Residential Street Address 2621 Palisado Ave  | City<br>Bronx        |   |                                   | State<br>NY       | Zip Code<br>10463   |  |  |
| Principal Occupation  | <u> </u>             | Name of Employer                              |                                   |                   |                     |  |  |
| Physician   |                      | retired                                       |                                   |                   |                     |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Yes of \$400 does contributor or business he/she valued at more than \$5,000?  |                      |   |                                   | , Amo             | unt of Contribution |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra         | inch or br           | anches  | contractor? Yes No                |                   |                     |  |  |
| Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money  |                      | Date Received<br>8/13/23                      | Aggregate Contributions<br>\$180  |                   |                     |  |  |
| SUBT  | TOTAL                | Section B — This                              | Page \$270                        |                   |                     |  |  |
| TOTAI   | L of add             | litional Section B P                          | ages \$3340                       |                   |                     |  |  |
| TOTAL OF ALL CONTRIBUTIONS FROM<br>(Enter total on Line   | M INDIN<br>13, Colum | /IDUALS (Sections A<br>nn A of Summary Page 1 | + <b>B</b> )<br>Potats) \$3610    |                   |                     |  |  |

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#### Section B ADDITIONAL PAGE 10 of 18

| NAME OF COMMITTEE (Provide Complete Name as   | NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |                |                                  |                                  |                | TYPE OF REPORT        |                |  |  |
|---|--|----------------|----------------------------------|----------------------------------|----------------|-----------------------|----------------|--|--|
| Alex for Hartford   |  |                |                                  | October 10                       | October 10     |                       |                |  |  |
| A. Total Contributions from Sma<br>(See instructions for definition of Small Con                    |  |                | is Period ONLY<br>OTAL SECTION A | \$                               |                |                       |                |  |  |
|   | P. Itamizad Co.  | atrib          | utions from Indivi               | duals                            |                |                       |                |  |  |
| Last Name   | D. Remized Col   | and the second | ucions 11 om 1110141<br>rst      | uuais                            |                |                       | Тмі            |  |  |
| Velez Herrera   | ······································   |                |                                  |                                  |                |                       |                |  |  |
| Residential Street Address  | <u> </u>   | City           |                                  | ····                             | State          | Zip                   | Code           |  |  |
| 106 Tuttle St   |  | Bristo         | ol                               |                                  | СТ             | 060                   | 010            |  |  |
| Principal Occupation  |  |                | Name of Employer                 |                                  | <u></u> ,      |                       |                |  |  |
| CEO   |  |                | Lilly Sin Barreras               |                                  |                |                       |                |  |  |
| or dependent child of a lobbyist? O No do   | 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 the executive officer of a municipality with said municipality and the executive officer of a municipality with said municipality and the executive officer of a municipality with said municipality with said municipality and the executive officer of a municipality with said municipality with sa |                |                                  |                                  |                | nount of Contribution |                |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A |  | ich or l       | branches _                       | _ <b>O</b> No                    |                |                       |                |  |  |
| Method of Contribution:   | <u> </u>   |                | Date Received                    | Aggregate Contributions          | 7              |                       |                |  |  |
| OCash OPersonal Check OCredit/Debit Card  | OPayroll Deduction OMoney  | Order          | 8/13/23                          | \$120                            |                |                       |                |  |  |
| Last Name   |  | Fir            | st                               | <u></u>                          |                |                       | MI             |  |  |
| Podolsky  |  | Ra             | afael                            |                                  |                |                       |                |  |  |
| Residential Street Address  | i  | City           | <u> </u>                         |                                  | State          | Zip (                 | Code           |  |  |
| 104 Beacon St   | 04 Beacon St Hartford  |                |                                  |                                  |                | 061                   | 105            |  |  |
| Principal Occupation  |  |                | Name of Employer                 |                                  | !              |                       |                |  |  |
| Lawyer  |  |                | CT Legal Services                |                                  |                |                       |                |  |  |
| or dependent child of a lobbyist? O No doe  | contribution is in excess of \$400 to<br>es contributor or business he/she i<br>dued at more than \$5,000?   |                |                                  |                                  | 7, Amo         | unt o                 | f Contribution |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A | Is contributor a principal of a s  If yes, indicate which bran of government the contrac   | ich or l       | branches                         | e contractor? Yes No Legislative |                |                       |                |  |  |
| Method of Contribution:   | <u> </u>   |                | -—— <del>-</del>                 | Aggregate Contributions          |                |                       |                |  |  |
| OCash OPersonal Check OCredit/Debit Card  | OPayroll Deduction OMoney  | Order          | 8/13/23                          | \$25                             |                |                       |                |  |  |
| Last Name   |  | Fir            |                                  |                                  |                |                       | MI             |  |  |
| Serrano   |  | A              | ngel                             |                                  |                |                       |                |  |  |
| Residential Street Address  |  | City           |                                  |                                  | State          | Zip (                 |                |  |  |
| 80 Charter Oak Ave #2003  | <u></u>  | Hartf          | ord                              |                                  | CT_            | 061                   | 106            |  |  |
| Principal Occupation  |  |                | Name of Employer                 |                                  |                |                       |                |  |  |
| Environmental community organizer   |  |                | CCAG                             |                                  |                |                       | ,              |  |  |
| or dependent child of a lobbyist? O No doe  | contribution is in excess of \$400 to<br>es contributor or business he/she i<br>lued at more than \$5,000?   |                |                                  |                                  | /, Amo<br>\$10 | unt of                | f Contribution |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A | Yes Is contributor a principal of a state contractor or prospective state contractor? OYes   |                |                                  |                                  |                |                       |                |  |  |
| Method of Contribution:  Cash Personal Check Credit/Debit Card                                      | OPayroll Deduction OMoney (  | Order          | Date Received<br>8/13/23         | Aggregate Contributions \$10     |                |                       |                |  |  |
|   | SUBT   | OTA.           | L Section B — This               | Page \$55                        |                |                       |                |  |  |
|   |  | 10000000       | Iditional Section B P            |                                  |                |                       |                |  |  |
| TOTAL OF ALL  | CONTRIBUTIONS FROM   | INDI           | VIDUALS (Sections A              | +B) ¢2610                        | <b></b>        |                       |                |  |  |
|   | (Enter total on Line 1:  | s, Colu        | ımn A of Summary Page I          | otals)                           |                |                       |                |  |  |

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## Section B ADDITIONAL PAGE 11 of 18

| NAME OF COMMITTEE (Provide Complete Name as   | Registered with Filing Repository)   |   |                                       | TYPE OF REPORT                   |             |                      |
|---|--|---|---------------------------------------|----------------------------------|-------------|----------------------|
| Alex for Hartford   |  |   |                                       | October 10                       |             |                      |
| A. Total Contributions from Smal<br>(See instructions for definition of Small Conta                 |  |   | nis Period ONLY<br>OTAL SECTION A     | \$                               |             |                      |
|   | B. Itemized Con  | ıtrib   | utions from Indivi                    | duals                            |             |                      |
| Last Name Regrandoz   |  |   | rst<br>edro                           |                                  |             | MI                   |
| Bermudez Residential Street Address   | <del>,</del>   | City  | <del></del>                           |                                  | Centa       | Zip Code             |
| 189 Hollister Dr  |  | •   | Hartford                              |                                  | State<br>CT | 06118                |
| Principal Occupation  |  |   | Name of Employer                      |                                  | L           | <u> </u>             |
| Retired   |  |   | retired                               |                                  |             |                      |
| or dependent child of a lobbyist? O No doe  |  | cess of \$400 to a candidate for a chief executive officer of a municipality, iness he/she is associated with have a contract with said municipality 000?  Am  Section 1. Am  Section 2. Am  Section 3. Am |                                       |                                  |             |                      |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081323A |  | principal of a state contractor or prospective state contractor?  Output  Outp  |                                       |                                  |             |                      |
| Method of Contribution:  OCash OPersonal Check OCredit/Debit Card                                   | Payroll Deduction OMoney   | Order   | Date Received 8/13/23                 | Aggregate Contributions \$43     |             |                      |
| Last Name   |  | Fir   |                                       |                                  |             | MI                   |
| Deleon  |  |   | eorge<br>—                            | <del> </del>                     |             | <u> </u>             |
| Residential Street Address 120 Tyler Way  | ſ  | City<br>Bristo  | ol                                    |                                  | State<br>CT | Zip Code<br>06010    |
| Principal Occupation  |  |   | Name of Employer                      |                                  |             |                      |
| Campaign consultant   |  |   | Campaign                              |                                  |             |                      |
| or dependent child of a lobbyist? O No does   | ontribution is in excess of \$400 to see contributor or business he/she is used at more than \$5,000?      |   |                                       |                                  | /, Ame      | ount of Contribution |
| 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 brancof government the contract                 | ch or l   | branches                              | e contractor? Yes No Legislative |             |                      |
| Method of Contribution:   |  |   | Date Received                         | Aggregate Contributions          | 7           |                      |
| Ocash OPersonal Check Ocredit/Debit Card  | Payroll Deduction  |   | 8/17/23                               | \$50                             |             |                      |
| Last Name<br>Leonard  |  | Fin<br>A  | <sub>sst</sub><br>aron                |                                  |             | MI .                 |
| Residential Street Address  |  | City  |                                       |                                  | State       | Zip Code             |
| 19 Nearwater Lane   |  | Rivers  |                                       |                                  | СТ          | 06878                |
| Principal Occupation Attorney   | ·  |   | Name of Employer  Law Office of Micha | el Corsello                      |             |                      |
| or dependent child of a lobbyist? No does   | ontribution is in excess of \$400 to<br>se contributor or business he/she is<br>used at more than \$5,000? |   |                                       |                                  | , Amo       | ount of Contribution |
| Is this contribution associated with an event reported in Section L1?  Yes No If yes, list Event #  | Is contributor a principal of a sta<br>If yes, indicate which branc<br>of government the contract          | ch or b   | oranches                              | _ ONo                            |             |                      |
| Method of Contribution:  OCash OPersonal Check OCredit/Debit Card                                   | Payroll Deduction OMoney (   | Order   | Date Received<br>8/18/23              | Aggregate Contributions<br>\$110 |             |                      |
|   | SUBTO  | OTA   | L Section B — This                    | Page \$230                       |             |                      |
|   | TOTAL  | of ad   | lditional Section B P                 | ages \$3380                      |             |                      |
| TOTAL OF ALL (  | CONTRIBUTIONS FROM<br>(Enter total on Line 13  |   | VIDUALS (Sections A                   |                                  |             |                      |

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#### Section B ADDITIONAL PAGE 12 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with P                                     | iling Repository)  | TYPE OF REPORT                    |  |  |  |
|---|--|-----------------------------------|--|--|--|
| Alex for Hartford   |  | October 10                        |  |  |  |
| A. Total Contributions from Small Contribu (See instructions for definition of Small Contributor) | utors-Received this Period ONLY SUBTOTAL SECTION A   | \$                                |  |  |  |
|   |  |                                   |  |  |  |
|   | Itemized Contributions from Indivi   |                                   |  |  |  |
| Last Name<br>Johnson  | First<br>Kadeem  | MI                                |  |  |  |
| Residential Street Address  | City   | State Zip Code                    |  |  |  |
| 344 Brookfield St   | Hartford   | CT 06106                          |  |  |  |
| Principal Occupation  | Name of Employer   |                                   |  |  |  |
| System Specialist   | City of Hartford   |                                   |  |  |  |
|   | n excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract in \$5,000?          |                                   |  |  |  |
| event reported in Section L1? No If yes, ind  | r a principal of a state contractor or prospective stat<br>dicate which branch or branches                                     | <del></del>                       |  |  |  |
| Method of Contribution:   | Date Received  | Aggregate Contributions           |  |  |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Dedu  | uction OMoney Order 8/19/23  | \$50                              |  |  |  |
| Last Name<br>Deleon   | First<br>George  | MI                                |  |  |  |
| Residential Street Address  | City   | State Zip Code                    |  |  |  |
| 120 Tyler Way   | Bristol  | CT 06010                          |  |  |  |
| Principal Occupation  | Name of Employer   |                                   |  |  |  |
| Campaign consultant   | Campaign   |                                   |  |  |  |
|   | n excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract in \$5,000? Yes O No |                                   |  |  |  |
| event reported in Section L1?   |  | te contractor? Yes No Legislative |  |  |  |
| Method of Contribution:   | Date Received  | Aggregate Contributions           |  |  |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduc   | action OMoney Order 8/19/23  | \$150                             |  |  |  |
| Last Name   | First<br>Leslie  | MI                                |  |  |  |
| Hammond   |  |                                   |  |  |  |
| Residential Street Address  1 Linden Place  | City<br>Hartford   | State Zip Code CT 06106           |  |  |  |
| Principal Occupation  | Name of Employer   |                                   |  |  |  |
| Realton   | Self   |                                   |  |  |  |
|   | n excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract n \$5,000?  Yes  No  |                                   |  |  |  |
| event reported in Section L1? O No If yes, indi   | a principal of a state contractor or prospective state dicate which branch or branches ment the contract is with:              |                                   |  |  |  |
| Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduc                      | Date Received 8/19/23  | Aggregate Contributions \$25      |  |  |  |
|   | SUBTOTAL Section B — This  | Page \$175                        |  |  |  |
|   | TOTAL of additional Section B P  |                                   |  |  |  |
| TOTAL OF ALL CONTRIBUT  | TIONS FROM INDIVIDUALS (Sections A   |                                   |  |  |  |
|   | er total on Line 13, Column A of Summary Page 1  |                                   |  |  |  |

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#### Section B ADDITIONAL PAGE 13 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor   | ry)  |  |                                     | TYPE OF REPORT                   |             |                              |              |
|--|--|--|-------------------------------------|----------------------------------|-------------|------------------------------|--------------|
| Alex for Hartford  | October 10   |  |                                     |                                  |             |                              |              |
| A. Total Contributions from Small Contributors-Rec<br>(See instructions for definition of Small Contributor)   |  |  | is Period ONLY<br>OTAL SECTION A    | \$                               |             |                              |              |
|  |  |  |                                     |                                  |             |                              |              |
|  | Cont   | ribi   | itions from Indivi                  | duals                            |             |                              | lsa -        |
| Last Name<br>Wilson  |  | 1  | oyd                                 |                                  |             |                              | MI           |
| Residential Street Address   | Cit  | ty   |                                     |                                  | State       | Zip                          | Code         |
| 215 Pembroke St  | Н  | lartfo   | ord                                 |                                  | СТ          | 06                           | 110          |
| Principal Occupation   |  |  | Name of Employer                    |                                  |             | Д                            |              |
| retired  |  |  | retired                             |                                  |             |                              |              |
|  | No does contributor or business he/she is associated with have a contract with said municipality |  |                                     |                                  |             | Amount of Contribution \$120 |              |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081923A  Yes Is contributor a principal of If yes, indicate which of government the core   | brancf   | h or b   | ranches                             | e contractor? Yes OLegislative   | 7           |                              |              |
| Method of Contribution:  |  |  | Date Received                       | Aggregate Contributions          | 7           |                              |              |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo  | oney O   | rder   | 8/19/23                             | \$120                            |             |                              |              |
| Last Name  |  | Firs   | t                                   | ! <u>-</u>                       | <del></del> |                              | MI           |
| Wilson   |  | OL   | hn                                  |                                  |             |                              |              |
| Residential Street Address   | Cit  | •  |                                     |                                  | State       | Zip C                        |              |
| 21 Old Village Rd  | BI   | loon   | nfield                              |                                  | CT          | 060                          | 002          |
| Principal Occupation   |  |  | Name of Employer Town of Bloomfield |                                  |             |                              |              |
|  |  | a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  O Yes  No  Amount of Contribution  \$40 |                                     |                                  |             |                              |              |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081923A  Yes No If yes, indicate which of government the core  | brancl   | h or b   | ranches                             | e contractor? Yes No Legislative |             |                              |              |
| Method of Contribution:  |  |  | Date Received                       | Aggregate Contributions          | 7           |                              |              |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo  | oney Or  | rder   | 8/19/23                             | \$40                             |             |                              |              |
| Last Name<br>DelValle  |  | Firs<br>Mi   | guel                                |                                  |             |                              | MI           |
| Residential Street Address   | Cit  | y<br>y   |                                     |                                  | State       | Zip C                        | Code -       |
| 87 Main St   | H  | artfo  | ord                                 |                                  | СТ          | 061                          | 106          |
| Principal Occupation   |  |  | Name of Employer                    |                                  | <u> </u>    |                              | <del></del>  |
| Barber   |  | )  | Wise Guys LLC                       |                                  |             |                              |              |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?  |  |  |                                     |                                  | , Amo       | unt of                       | Contribution |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081923A  Yes  Is contributor a principal of If yes, indicate which to of government the contributor of government the contributor. | branch   | or br  | anches                              | <b>⊙</b> No                      |             |                              |              |
| Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor  | oney Or  | der  | Date Received<br>8/19/23            | Aggregate Contributions<br>\$25  |             |                              |              |
|  |  |  | Section B — This                    | Page \$185                       |             |                              |              |
|  |  |  | ditional Section B P                |                                  |             |                              |              |
| TOTAL OF ALL CONTRIBUTIONS FR  |  |  |                                     |                                  |             |                              |              |
|  |  |  | nn A of Summary Page T              |                                  |             |                              |              |

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## Section B ADDITIONAL PAGE 14 of 18

| NAME OF COMMITTEE (Provide Complete No.   | ıme as Registerec  | l with Filing Repository)  |          |  | TYPE OF REPORT                     |                        |                |                |
|---|--|--|----------|--|------------------------------------|------------------------|----------------|----------------|
| Alex for Hartford   | _  | -  |          |  | October 10                         |                        |                |                |
| A. Total Contributions from See instructions for definition of Small                                |  | in a light fragging in the great that the significant of the state of the first and the state of the significant of the signifi |          | nis Period ONLY<br>OTAL SECTION A                                    | \$                                 |                        |                |                |
|   |  |  |          |  |                                    |                        |                |                |
|   |  | B. Itemized Co   | ntrib    | outions from Indivi  | duals                              |                        |                |                |
| Last Name   |  |  | F        | irst   |                                    |                        |                | MI             |
| Harris  |  |  | V        | /ernon   |                                    |                        |                |                |
| Residential Street Address  |  |  | City     |  |                                    | 1 -                    | Code           |                |
| 71 Barbour St   |  |  | Harti    | ford   |                                    | CT                     | 06             | 120            |
| Principal Occupation  |  |  |          | Name of Employer   | <del></del>                        |                        |                |                |
| retired   |  |  |          | retired  |                                    |                        |                |                |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes                            | daes contrib   | 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?  OYES  No   |          |  |                                    | y, Amo                 | ount o         | f Contribution |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 081923A | Yes Is contributor a principal of a state contractor or prospective state contractor?  |  |          | _ <b>①</b> No  |                                    |                        |                |                |
| Method of Contribution:   |  |  |          | Date Received  | Aggregate Contributions            | 7                      |                |                |
| OCash OPersonal Check OCredit/Debit   | Card <b>O</b> Payrol   | ll Deduction OMoney  | y Order  | 8/19/23  | \$5                                |                        |                |                |
| Last Name   | rst  | <u> </u>   |          |  | MI                                 |                        |                |                |
| Rossetti Marilyn  |  |  |          | /arilyn  |                                    |                        |                |                |
| Residential Street Address  | esidential Street Address City   |  |          |  |                                    | State                  | Zip (          | Code           |
| 6 Goodwin Circle Hartford   |  |  |          | ford   |                                    | CT                     | 061            | 105            |
| Principal Occupation  | <del></del> _  |  |          | Name of Employer   | <del> </del>                       | Ļ                      |                | <del></del>    |
| CEO   |  |  |          | Open Hearth  |                                    |                        |                |                |
| 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  Yes  No  S50 |  |          |  |                                    |                        | f Contribution |                |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #         | No ] If y  | ributor a principal of a<br>ves, indicate which bra<br>government the contra   | nch or   | _  | te contractor? SYes  O Legislative |                        |                |                |
| Method of Contribution:   |  | <del></del>  |          |  | Aggregate Contributions            |                        |                |                |
| Ocash OPersonal Check Ocredit/Debit C   | Card OPayrolf  | Deduction OMoney   | Order    | 8/20/23  | \$50                               |                        |                |                |
| Last Name   |  |  | Fú       | rst  |                                    |                        |                | MI             |
| DiZoglio  |  |  | Jo       | oseph  |                                    |                        |                |                |
| Residential Street Address  |  |  | City     |  |                                    | State                  | Zip (          |                |
| 94 Huntington St  |  | 9  | Hartf    | ford   |                                    | CT                     | 061            | 105            |
| Principal Occupation  |  |  |          | Name of Employer   |                                    |                        |                |                |
| Physician   |  |  |          | Trinity Health of Ne   | w England                          |                        |                |                |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No                        | does contribu  |  |          | ndidate for a chief executive ciated with have a contract  O Yes  No |                                    | y, <b>Amo</b><br>\$100 |                | f Contribution |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #         | No If y  | ibutor a principal of a ses, indicate which brangovernment the contract  | nch or l |  | e contractor?  O Legislative       |                        |                |                |
| Method of Contribution:   | .—   |  |          | Date Received  | Aggregate Contributions            |                        |                | •              |
| OCash OPersonal Check OCredit/Debit C   | Card OPayroll  | Deduction OMoney   | Order    | 8/22/23  | \$100                              | . İ                    |                |                |
|   |  | SUBT   | ОТА      | L Section B — This   | Page \$155                         |                        |                |                |
|   |  | TOTAI  | of ac    | iditional Section B P  | ages \$3455                        |                        |                |                |
| TOTAL OR  | LI CONTE   |  |          |  | 130                                |                        |                |                |
| IUIALUKA  | LL CONTR   |  |          | IVIDUALS (Sections A<br>umn A of Summary Page 7                      |                                    |                        |                |                |

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## Section B ADDITIONAL PAGE 15 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |   |                                | TYPE OF REPORT                   |                |                      |  |
|---|---|--------------------------------|----------------------------------|----------------|----------------------|--|
| Alex for Hartford   |   |                                | October 10                       |                |                      |  |
| A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)  | ved this Period<br>SUBTOTAL SEC   |                                | \$                               |                |                      |  |
|   |   | _ <u>.</u>                     |                                  |                |                      |  |
| B, Itemized Co  | ntributions fr  | om Indivi                      | duals                            |                |                      |  |
| Last Name   | First   |                                |                                  |                | MI                   |  |
| Hyman   | Ashantee  |                                |                                  |                | Ĺ                    |  |
| Residential Street Address  | City  | <del></del>                    | <del></del>                      | State          | Zip Code             |  |
| 47 Irving St  | Hartford  |                                | <del></del>                      | CT             | 06112                |  |
| Principal Occupation  | Name of Em  | •                              | 1-                               |                |                      |  |
| teacher   |   | Public Sch                     |                                  |                |                      |  |
| 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?     |   | ave a contract                 |                                  | y, Amo<br>\$50 | ount of Contribution |  |
| Is this contribution associated with an event reported in Section L1?  Yes list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra      | _   | e contractor? Yes OLegislative |                                  |                |                      |  |
| Method of Contribution:   | Date Receive  |                                | Aggregate Contributions          |                |                      |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney  | Order 8/26/23   |                                | \$50                             |                |                      |  |
| Last Name   | First   |                                | <u> </u>                         |                | MI                   |  |
| Reese   |   |                                |                                  |                |                      |  |
| Residential Street Address  | City  |                                | <del></del>                      | State          | Zip Code             |  |
| 24 Wild Rose Court  | Bloomfield  |                                |                                  | СТ             | 06002                |  |
| Principal Occupation  | Name of Em  | ployer                         |                                  | L              | <u> </u>             |  |
| Advanced Repair Agent   | Best Buy  |                                |                                  |                |                      |  |
|   | lependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality |                                |                                  |                |                      |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, indicate which bra of government the contra                         | nch or branches   | -                              | e contractor? Yes No Legislative |                |                      |  |
| Method of Contribution:   | Date Receive  | :d                             | Aggregate Contributions          |                |                      |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney  | Order 8/28/23   |                                | \$25                             | <u> </u>       | · · ·                |  |
| Last Name   | First   |                                |                                  |                | MI .                 |  |
| Kennedy   | Mark  |                                |                                  |                |                      |  |
| Residential Street Address  | City  |                                | ļ                                | State          | Zip Code             |  |
| 596 Broadview Terrace   | Hartford  | <del></del> _                  |                                  | СТ             | 06106                |  |
| Principal Occupation Retired  | Name of Emp   | ployer                         |                                  |                |                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes O No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? |   | ve a contract                  |                                  | 3 Ame          | unt 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, list Event #                   | ich or branches   | _                              | contractor? SYes No Legislative  |                |                      |  |
| Method of Contribution:   | Date Receive  | 9                              | Aggregate Contributions          | 7              |                      |  |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney  | Order 8/29/23   |                                | \$25                             |                |                      |  |
| SUBT  | OTAL Section  | B — This                       | Page \$100                       |                |                      |  |
| TOTAL   | of additional S   | ection B P                     | ages \$3510                      |                |                      |  |
| TOTAL OF ALL CONTRIBUTIONS FROM   | I INDIVIDUALS   | (Sections A                    | 4-R)                             | <del>-</del>   |                      |  |
| (Enter total on Line)   |   |                                |                                  |                |                      |  |

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## Section B ADDITIONAL PAGE 16 of 18

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit   | itory)  |            |                                 | TYPE OF REPORT          |  |                             |                   |
|--|---|------------|---------------------------------|-------------------------|--|-----------------------------|-------------------|
| Alex for Hartford  |   |            |                                 | October 10              |  |                             |                   |
| A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)   |   |            | s Period ONLY<br>OTAL SECTION A | \$                      |  |                             |                   |
| ,  |   |            |                                 |                         |  |                             | <del></del>       |
| B. Itemized  | d Conti   | ribu       | itions from Indivi              | duals                   |  |                             |                   |
| Last Name DIAZ   | <b></b>   | Firs       | son                             |                         |  |                             | MI                |
| Residential Street Address   | Tois  | ┸-         |                                 | <del> </del>            | Lauta  |                             | Zip Code          |
| 203 Fairfield Ave  | City<br>Ha  | y<br>artfo |                                 |                         | State<br>CT                                  | ı                           | 06114             |
| Principal Occupation   | -   |            | Name of Employer                |                         |  |                             |                   |
| Firefighter  |   |            | City of Hartford                |                         |  |                             |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One is a lobbyist of the property of the | he/she is a   |            |                                 |                         |  | moun<br>100                 | t of Contribution |
| Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches   |   |            |                                 | e contractor? Yes No    |  |                             |                   |
| Method of Contribution:  |   |            | Date Received                   | Aggregate Contributions | $\dashv$                                     |                             |                   |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O  | Money Or  | der        | 9/8/23                          | \$200                   |  |                             |                   |
| Last Name  |   | First      | t                               | <u> </u>                |  |                             | MI                |
| Mooney   |   | lot        | hn                              |                         |  |                             |                   |
| Residential Street Address 2 Park Place  | City<br>Ha  | ,<br>artfo | rd                              |                         | State  |                             | ip Code<br>)6106  |
| Principal Occupation   |   | $\neg$     | Name of Employer                |                         | <u> </u>                                     | —                           |                   |
| Marketing Lead   |   |            | CT Bar Association              |                         |  |                             |                   |
|  | 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 |            |                                 |                         |  | Amount of Contribution \$20 |                   |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090823A  Yes Is contributor a principa  If yes, indicate which of government the contributor apprincipal in the contributor is a principal in the contributor of government the contributor apprincipal in the contributor is a principal in the contributor apprincipal in the contribu | ch branch   | or b       |                                 | te contractor? Yes No   |  |                             |                   |
| Method of Contribution:  |   |            |                                 | Aggregate Contributions |  |                             |                   |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON   | Money Ord   | der        | 9//23                           | \$20                    |  |                             |                   |
| Last Name  |   | First      |                                 |                         | _  |                             | MI                |
| Martoccia  |   | <u>L_</u>  | erese<br>————————               |                         |  |                             |                   |
| Residential Street Address 124 North Beacon  | City<br>Ha  | r<br>artfo | rd                              |                         | State<br>CT                                  | ì                           | ip Code<br>16105  |
| Principal Occupation   |   | $\Box$     | Name of Employer                |                         | <u>.                                    </u> |                             |                   |
| Retired  |   |            | retired                         |                         |  |                             |                   |
|  | does contributor or business he/she is associated with have a contract with said municipality   |            |                                 |                         | /, Ai  |                             | t of Contribution |
| event reported in Section L1? O No If yes, indicate which  |   |            |                                 |                         |  |                             |                   |
| Method of Contribution:  |   |            | ı                               | Aggregate Contributions |  |                             |                   |
| OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM   | Money Ord   | der        | 9/8/23                          | \$75                    |  |                             |                   |
| S  | SUBTOT  | ΓAL        | Section B — This                | <b>Page</b> \$195       |  |                             |                   |
| TO   | TAL of  | ado        | litional Section B P            | ages \$3415             |  |                             |                   |
| TOTAL OF ALL CONTRIBUTIONS F   |   |            |                                 |                         |  |                             |                   |
|  |   |            | nn A of Summary Page T          |                         |  |                             |                   |

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## Section B ADDITIONAL PAGE 17 of 18

| NAME OF COMMITTEE (Provide Complete No.   | ame as Registered with Filing Repository)  |  | TYPE OF REPORT                          |                                       |                        |  |  |
|---|--|--|---|---------------------------------------|------------------------|--|--|
| Alex for Hartford   |  |  | October 10                              |                                       |                        |  |  |
| A. Total Contributions from See instructions for definition of Small                        |  | ved this Period ONLY<br>SUBTOTAL SECTION A | \$                                      |                                       |                        |  |  |
| Last Name   | B. Itemized Co   | ntributions from Indivi                    | duals                                   |                                       | MI                     |  |  |
| Flemming-Butler   |  | Janice                                     |   |                                       | 1411                   |  |  |
| Residential Street Address  |  | City                                       |   |                                       |                        |  |  |
| 141 Ridgefield St   |  | Hartford                                   |   | CT                                    | 06112                  |  |  |
| Principal Occupation  |  | Name of Employer                           |   | · · · · · · · · · · · · · · · · · · · |                        |  |  |
| Lobbyist  |  | Strategic Outreach                         | Solutions                               |                                       |                        |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                        | If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? |  |   |                                       | Amount of Contribution |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # | 70 1 1 4 1 1 1   |  | _ <b>①</b> No                           |                                       |                        |  |  |
| Method of Contribution:   |  | Date Received                              | Aggregate Contributions                 |                                       |                        |  |  |
| OCash OPersonal Check OCredit/Debit   | Card OPayroll Deduction OMoney   | Order 9/14/23                              | \$100                                   |                                       |                        |  |  |
| Last Name   |  | First                                      | <u> </u>                                | · ·                                   | Μĭ                     |  |  |
| Holloway  |  | Georgiana                                  |   |                                       |                        |  |  |
| Residential Street Address  |  | City                                       | - · · · · · · · · · · · · · · · · · · · | State                                 | Zip Code               |  |  |
| 14 Fairmount St   |  | Hartford                                   |   | СТ                                    | 06120                  |  |  |
| Principal Occupation Retired  |  | Name of Employer<br>retired                |   |                                       |                        |  |  |
| Is contributor a lobbyist, spouse, Yes  | If contribution is in excess of \$400  |  | e officer of a municipality             | , Amou                                | nt of Contribution     |  |  |
| or dependent child of a lobbyist? ONO   | does contributor or business he/she valued at more than \$5,000?                                       |  |   | \$50                                  |                        |  |  |
|   | Yes Is contributor a principal of a  If yes, indicate which bra  of government the contract            |  | te contractor? Yes No Legislative       | ]                                     |                        |  |  |
| Method of Contribution:   | <del></del>  | Date Received                              | Aggregate Contributions                 | 7                                     |                        |  |  |
| OCash OPersonal Check OCredit/Debit (   | Card OPayroll Deduction OMoney   | Order 9/15/23                              | \$50                                    | <u> </u>                              |                        |  |  |
| Last Name   |  | First                                      |   |                                       | MI                     |  |  |
| Curry   |  | Ellen                                      |   | _ <del></del> _                       |                        |  |  |
| Residential Street Address 171 Girard Ave   |  | City<br>Hartford                           |   | State<br>CT                           | Zip Code<br>06105      |  |  |
| Principal Occupation  |  | Name of Employer                           |   |                                       |                        |  |  |
| Lawyer  |  | State of Connecticu                        | ıt                                      |                                       |                        |  |  |
| 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? |  |   | \$50                                  | nt of Contribution     |  |  |
|   | Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract        |  | _ <b>O</b> No                           |                                       |                        |  |  |
| Method of Contribution;  Cash Personal Check Credit/Debit C                                 | Card OPayroll Deduction OMoney   | 1  | Aggregate Contributions \$50            |                                       |                        |  |  |
|   | SUBT   | OTAL Section B — This                      | Page \$200                              |                                       |                        |  |  |
|   | TOTAL  | of additional Section B P                  | ages \$3410                             |                                       |                        |  |  |
| TOTAL OF A  | ALL CONTRIBUTIONS FROM<br>(Enter total on Line 1   | INDIVIDUALS (Sections A                    | (+ <b>B</b> ) \$3610                    |                                       |                        |  |  |

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## Section B ADDITIONAL PAGE 18 of 18

| NAME OF COMMITTEE (Provide Complete Na.   | me as Registered with Filing Repository)   |                |  | TYPE OF REPORT                    |                       |  |  |  |
|---|--|----------------|--|-----------------------------------|-----------------------|--|--|--|
| Alex for Hartford   |  | <b>-</b>       | <del></del>  | October 10                        |                       |  |  |  |
| A. Total Contributions from S (See instructions for definition of Small                             |  |                | is Period ONLY<br>OTAL SECTION A   | \$                                |                       |  |  |  |
|   | R Homized Co   | ntrih          | utions from Indivi   | Avale                             |                       |  |  |  |
| Last Name   | D. Itemized Co.  | Fir            |  | duais                             |                       | MI   |  |  |
| McDonnell   |  | A              | lyssa  |                                   |                       |  |  |  |
| Residential Street Address  |  | City           |  | <del></del>                       | State                 | Zip Code                                     |  |  |
| 18 Deer Run   |  | Bolton C       |  |                                   |                       |  |  |  |
| Principal Occupation  |  |                | Name of Employer   |                                   | <u></u>               |  |  |  |
| Graduate Student  |  |                | UConn  |                                   | - <u> </u>            |  |  |  |
|   |  |                | ndidate for a chief executive officer of a municipality, ciated with have a contract with said municipality  No  No  Amount of Contrib |                                   |                       | ount of Contribution                         |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 092223A | this contribution associated with an vent reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of a state contractor or prospective of the principal of the principal of a state contractor or prospective of the principal of the pri |                |  |                                   |                       |  |  |  |
| Method of Contribution:   |  | <u></u>        | Date Received  | Aggregate Contributions           | 7                     |  |  |  |
| OCash OPersonal Check OCredit/Debit C   | Card OPayroll Deduction OMoney   | Order          | 9/22/23  | \$15                              | }                     |  |  |  |
| Last Name   | <del></del>  | Fire           |  | <u></u>                           |                       | MI   |  |  |
| Gulley  |  | Pa             | aige   |                                   |                       |  |  |  |
| Residential Street Address  |  | City           |  |                                   |                       | Zip Code                                     |  |  |
| 215 Crescent St   |  | North          | nampton  | <u> </u>                          | MA_                   | 01060  |  |  |
| Principal Occupation Student  |  |                | Name of Employer   |                                   |                       |  |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                | If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?  |                |  |                                   | y, <b>Amo</b><br>\$50 | unt of Contribution                          |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 092223A | Yes Is contributor a principal of a s No If yes, indicate which braid of government the contract   | nch or b       | branches   | te contractor? Yes No Legislative |                       |  |  |  |
| Method of Contribution:   | <del></del>  |                | Date Received  | Aggregate Contributions           | 7                     |  |  |  |
| Ocash OPersonal Check Ocredit/Debit C   | ard OPayroll Deduction OMoney  | Order          | 9/22/23  | \$50                              |                       | ·  |  |  |
| Last Name   |  | Firs           |  |                                   |                       | MI   |  |  |
| Hudson  | <u> </u>   |                | enzo   | ·                                 |                       | <u>,                                    </u> |  |  |
| Residential Street Address 556 New Britain Ave  | Î  | City<br>Hartfo | ord  |                                   | State<br>CT           | Zip Code<br>06106                            |  |  |
| Principal Occupation  |  |                | Name of Employer   |                                   | <u> </u>              | 100.00                                       |  |  |
| Membership Engagement Coordinate  | or   |                | YMCA   |                                   |                       |  |  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                | If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?   |                |  |                                   | y, <b>Amo</b>         | unt of Contribution                          |  |  |
| Is this contribution associated with an event reported in Section L1?  If yes, list Event # 092823A | <del></del>  | nch or b       | ntractor or prospective state  | e contractor? Yes No Legislative  |                       |  |  |  |
| Method of Contribution:  OCash OPersonal Check OCredit/Debit C                                      |  |                | Date Received<br>9/28/23   | Aggregate Contributions<br>\$50   |                       |  |  |  |
|   | SUBT   | OTAI           | L Section B — This   | Page \$115                        | <u></u>               |  |  |  |
|   | TOTAL  | of ad          | ditional Section B P   | ages \$3495                       |                       |  |  |  |
| TOTAL OF A  | ALL CONTRIBUTIONS FROM<br>(Enter total on Line 1   |                | VIDUALS (Sections A<br>mn A of Summary Page 1  |                                   | <del></del>           |  |  |  |

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#### Section L1. ADDITIONAL PAGE 1 of 2

| NAME OF COMMIT   | TEB (Provide Complete Name as Registered with Filing Repositor   | 7) TYPE OF RE<br>October 10   |              |                       |                   |
|--|--|---|--------------|-----------------------|-------------------|
|  | L1, Eve  | ent Information   |              |                       |                   |
| Event # Date of Event L 090823A                                    | Description House party  |   | Wa           | as this a fu<br>O Yes | ndraising event   |
| Location: Street Addres  | s  | City<br>Hartford  |              | State                 | Zip Code<br>06105 |
| Subpart 1: (All Con<br>Was this event host                         | mmittees) ed at a personal residence?  | OYes (If yes, go to Section L5 In-Kind Don<br>Associated with a House Party and of<br>purchases made by host(s) for food, bo                          | complete rec | quired info.          | rmation for any   |
|  | nclude goods or services donated by a business entity as donated by an individual of up to \$100?                    | <del></del>   | ations not C | Considered            | Contributions     |
|  | a tag sale, auction, or other sale of donated items an individual of up to \$100?                                    | Yes (If yes, enter Total Receipts here.)  No  | \$           |                       |                   |
| Subpart 2: (Party C<br>Were there purchase<br>sign associated with | Committees, Municipal Candidates and Political Cones of advertising space in a program book or on a this fundraiser? | nmittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of or on a Sign and complete required  No                        | Advertising  | -                     | Program Book      |
|  | Committees ONLY) sell food or beverage at a fair or similar mass in the state with this fundraiser?                  | O Yes (If yes, enter Total Receipts here.) O No   | \$           |                       |                   |
| Event # Date of Event Le   | Description House party  |   | Wa           | as this a fur         | ndraising event?  |
| Location: Street Address 73 Imlay St                               | · · · · · · · · · · · · · · · · · · ·  | City<br>Hartford  |              | State<br>CT           | Zip Code<br>06105 |
| Subpart 1: (All Con<br>Was this event hoste                        | nmittees) ed at a personal residence?  | <ul> <li>Yes (If yes, go to Section L5 In-Kind Dona Associated with a House Party and c purchases made by host(s) for food, be</li> <li>No</li> </ul> | omplete req  | uired infor           |                   |
|  | nclude goods or services donated by a business entity as donated by an individual of up to \$100?                    | Yes (If yes, go to Section L4 In-Kind Don and complete required information.)  No   | ations not C | Considered            | Contributions     |
|  | a tag sale, auction, or other sale of donated items<br>an individual of up to \$100?                                 | Yes (If yes, enter Total Receipts here.)  No  | \$           |                       |                   |
|  | committees, Municipal Candidates and Political Comes of advertising space in a program book or on a this fundraiser? | mmittees other than Exploratory Committees) O Yes (If yes, go to Section L3 Purchases of or on a Sign and complete required i                         |              |                       | Program Book      |
|  | Committees ONLY) sell food or beverage at a fair or similar mass the state with this fundraiser?                     | OYes (If yes, enter Total Receipts here.) ONo   | \$           |                       |                   |
| SUBTOTAL S   | ection L1—Subpart 1 (All Committees) Total Receipts t  | from Sale of Donated Items — This Page  |              |                       |                   |
|  |  | ction L1—Subpart 3 (Town Committees ONLY)<br>eipts from Food Purchases — This Page  | <u></u>      |                       |                   |
|  |  | TOTAL of additional Section L1 Pages  |              |                       |                   |
|  |  | EIPTS FROM SMALL PURCHASES on Line 16a, Column A of Summary Page Totals)  |              | :                     |                   |

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#### Section L1. ADDITIONAL PAGE 2 of 2

|  | (Provide Complete Name as Registered with Filing Repository,   | <u>)                                    </u>                                 | TYPE OF REPORT   |          |                   |                                |
|--|--|--|--|----------|-------------------|--------------------------------|
| Alex for Hartford  |  |  | October 10   |          |                   |                                |
|  |  | nt Information   |  |          | 5 413             |                                |
| Event # Letter 091723A   | House party  |  |  | Was      | this a fun<br>Yes | ndraising event<br><b>O</b> No |
| Location: Street Address   | <del></del>  | City   |  | <u> </u> | State             | Zip Code                       |
| 104 Whitney Ave  |  | Hartford   |  |          | CT                | 06105                          |
| Subpart 1: (All Committee Was this event hosted at                                 | r  | Yes (If yes, go to Section L. Associated with a Hor purchases made by hos No | ise Party and complete   | e requ   | iired infor       |                                |
|  | le goods or services donated by a business entity nated by an individual of up to \$100?                     | Yes (If yes, go to Section L<br>and complete required<br>No                  |  | iot Ca   | onsidered (       | Contributions                  |
| Was this fundraiser a tag<br>with purchases from an ir                             | sale, auction, or other sale of donated items<br>adividual of up to \$100?                                   | OYes (If yes, enter Total Rec  No  | eipts here.)   | \$       |                   |                                |
| Were there purchases of a sign associated with this                                |  |  | 3 Purchases of Adverti   |          |                   | Program Book                   |
|  | nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?                         | OYes (If yes, enter Total Rec  | cipts here.)   | \$       |                   |                                |
|  |  |  |  |          |                   |                                |
| Event # Date of Event Letter 092823A   | Description House party  |  | ,  |          | this a fur<br>Yes | ndraising event<br>No          |
| Location: Street Address   | <del></del>  | City   |  |          | State             | Zíp Code                       |
| 50 Statehouse Sq   |  | Hartford   |  | {        | CT                | 06161                          |
| Subpart 1: (All Committee<br>Was this event hosted at a                            |  | Yes (If yes, go to Section L.S  Associated with a Hou purchases made by host | se Party and complete  | requ     | ired infor        |                                |
|  | e goods or services donated by a business entity nated by an individual of up to \$100?                      | Yes (If yes, go to Section L<br>and complete required i                      |  | ot Co    | nsidered (        | Contributions                  |
| Was this fundraiser a tag<br>with purchases from an in                             | sale, auction, or other sale of donated items<br>idividual of up to \$100?                                   | Yes (If yes, enter Total Reco  | eipts here.)   | \$       |                   |                                |
| Subpart 2: (Party Comm<br>Were there purchases of a<br>sign associated with this f | ittees, Municipal Candidates and Political Comm<br>dvertising space in a program book or on a<br>iundraiser? |  | Purchases of Adverti-  |          | pace in a         | Program Book                   |
| Subpart 3: (Town Comm<br>Did your committee sell for<br>gathering held within the  | ood or beverage at a fair or similar mass  | OYes (If yes, enter Total Rece   | ipts here,)  | \$       |                   |                                |
| SUBTOTAL Section   | n L1—Subpart 1 (All Committees) Total Receipts fr  | om Sale of Donated Items — '   | This Page  |          |                   | <del>-</del>                   |
|  |  | ion L1—Subpart 3 <i>(Town Commit</i><br>ipts from Food Purchases — T         |  |          |                   |                                |
|  |  | TOTAL of additional Section  | L1 Pages   |          |                   |                                |
|  |  | IPTS FROM SMALL PUR<br>Line 16a, Column A of Summary                         | See Control of the Co | ·        |                   |                                |

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#### Section L5. ADDITIONAL PAGE 1\_\_\_\_ of 1\_\_\_\_

| NAME OF COMMITTEE  | (Provide Complete Name as Registered with Filing R | lepository)     |   |                             | TYPE OF RE                  | PORT         | (North Berger Nation |
|--|--|-----------------|---|-----------------------------|-----------------------------|--------------|----------------------|
| Alex for Hartford  |  |                 |   | <del></del> -               | October 10                  | )            |                      |
| L  | 5. In-Kind Donations Not Consid                    | dered (         | Contributions Associa   | ted with a I                | House Par                   | ty           |                      |
| Name of Host   |  |                 |   |                             |                             |              | ne candidate or      |
| Helder Mira  |  |                 |   | committee?  If yes, co      | mplete Itemiz               |              | dendum L5            |
| Street Address   |  |                 | City  |                             |                             | State        | Zip Code             |
| 128 N. Beacon St   |  |                 | Hartford  |                             |                             | CT           | 06105                |
| Description of Donation  |  |                 |   |                             | Fair Mai                    | ket Value    | of Donation          |
| food and drink   |  |                 |   |                             | \$75                        |              |                      |
| Event #<br>090823A   | Aggregate Value of this Event—all hosts  \$75      | \$7             | ggregate Value of all Events <i>—this he</i><br>75  | ost/candidate               |                             |              |                      |
| Name of Host   |  |                 |   |                             |                             |              | ne candidate or      |
| Tim Moore  |  |                 |   | committee? (                | Mes ON<br>mplete Itemiza    |              | dendum L5            |
| Street Address   |  |                 | City  | 3,7,1-                      |                             | State        | Zip Code             |
| 50 Statehouse Sq   |  |                 | Hartford  |                             |                             | СТ           | 06161                |
| Description of Donation  |  |                 |   |                             | Fair Mar                    | ket Value    | of Donation          |
| food and drink   |  |                 |   |                             | \$75                        |              |                      |
| Event #  | Aggregate Value of this Event—all hosts            | Aş              | gregate Value of all Events—this he   | sst/candidate               | Ψ,3                         |              |                      |
| 092823A  | \$75   | \$7             | 75  |                             |                             |              |                      |
| Name of Host   |  |                 |   |                             |                             |              | ne candidate or      |
|  |  |                 |   | committee?                  | □ Yes □ N<br>mplete Itemiza |              | lendum I S           |
| Street Address   |  |                 | City  | 1) 705, 00                  |                             | State        | Zip Code             |
|  |  |                 |   |                             |                             |              |                      |
| Description of Donation  |  |                 |   |                             | Fair Mar                    | ket Value    | of Donation          |
|  |  |                 |   |                             | Tan mai                     | act value    | or Dollarion         |
| Event #  | Aggregate Value of this Event—all hosts            | Ag              | gregate Value of all Events—this ho   | st/candidate                |                             |              |                      |
|  |  |                 |   |                             |                             |              |                      |
| Name of Host   |  |                 |   | Is this event s             | upporting mo                | re than or   | ne candidate or      |
|  |  |                 |   | committee?                  |                             |              | ton dum T E          |
| Street Address   |  |                 | City  | IJ yes, co                  | mplete Itemiza              | State        | Zip Code             |
| 340017,444200  |  |                 |   |                             |                             |              |                      |
| Description of Donation  |  |                 |   |                             | F.: 34.                     | 1            | f D #                |
| Description of Donacion  |  |                 |   |                             | Fair Mar                    | ket value t  | of Donation          |
| Event #  | Aggregate Value of this Event—all hosts            | Ag              | gregate Value of all Events—this ho   | st/candidate                |                             |              |                      |
|  |  |                 | -   |                             |                             |              |                      |
|  |  | SUB             | TOTAL Section L5 — T  | This Page                   | \$150                       | <del> </del> |                      |
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#### Section P. ADDITIONAL PAGE 1\_\_\_\_ of 2\_\_\_\_

| NAME OF COMMIT                              | TEE (Provide Complete Name as Registered with Filing Repository)   |                     | TYPE OF REPORT                  |   |  |  |  |
|---|--|---------------------|---------------------------------|---|--|--|--|
| Alex for Hartford                           |  |                     | October 10                      |   |  |  |  |
|   | P. Expenses  | Paid by Committee   | e                               |   |  |  |  |
| Name of Payee<br>Katerina Soto              |  | 1-50                | Date of Payment<br>Sep 11, 2023 | Method of Payment:  Check #96 Debit Card DEFT       |  |  |  |
| Street Address<br>28 Newfield Ave           |  | City<br>Hartford    |                                 | State Zip Code CT 06106                             |  |  |  |
| Purpose of Expenditure<br>(by code)<br>WAGE | Description Canvasser pay  | •                   |                                 |   |  |  |  |
| Expenditure # (if applicable)               | Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control  | \$60                |                                 |   |  |  |  |
| Name of Payee Katlynn Watson                |  | Total               | Date of Payment Sep 13, 2023    | Method of Payment:  O Check #99  O Debit Card  OEFT |  |  |  |
| Street Address<br>26 Racebrook Dr           |  | East Hartford       |                                 | State Zip Code CT 06108                             |  |  |  |
| Purpose of Expenditure<br>(by code) WAGE    | Description Canvasser pay  | Amount<br>\$120     |                                 |   |  |  |  |
| Expenditure # (if applicable)               | Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri | mmittee) e)         |                                 |   |  |  |  |
| Name of Payee                               | Method of Payment:   |                     |                                 |   |  |  |  |
| Harland Clarke                              |  |                     | Sep 20, 2023                    | O Check #<br>O Debit Card OEFT                      |  |  |  |
| Street Address 15955 La Cantera             |  | San Antonio         |                                 | State Zip Code 78256                                |  |  |  |
| Purpose of Expenditure<br>(by code) MISC    | Description additional checks  |                     | Event #                         | Amount<br>\$35.50                                   |  |  |  |
| Expenditure # (if applicable)               | Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or concluded with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind controlled) | ommittee) re)       |                                 |   |  |  |  |
| Name of Payee<br>Maya Vanderberg            |  |                     | Date of Payment<br>Sep 20, 2023 | Method of Payment:  O Check #98 O Debit Card OEFT   |  |  |  |
| Street Address                              |  | City                |                                 | State Zip Code                                      |  |  |  |
| 82 Fern St, Apt 2                           |  | Hartford            |                                 | CT 06105  |  |  |  |
| Purpose of Expenditure<br>(by code)<br>WAGE | Description Canvasser pay  |                     | Event #                         | Amount  |  |  |  |
| Expenditure #<br>(ff applicable)            | nditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                     |                                 |   |  |  |  |
|   | S  | UBTOTAL Section P - | -This Page \$407.50             |   |  |  |  |

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# Section P. ADDITIONAL PAGE 10 of 2

| NAME OF COMMIT                              | TEE (Provide Complete Name as Registered with Filing Repository)   |                     | TYPE OF REPORT                  |  |  |  |  |
|---|--|---------------------|---------------------------------|--|--|--|--|
| Alex for Hartford                           | October 10   |                     |                                 |  |  |  |  |
| Alex for marrioru                           |  |                     |                                 |  |  |  |  |
|   | P. Expenses  | Paid by Committee   |                                 |  |  |  |  |
| Name of Payee<br>Katerina Soto              |  |                     | Date of Payment<br>Sep 25, 2023 | Method of Payment:  Ocheck #102 Obebit Card OEFT |  |  |  |
| Street Address                              |  | City                |                                 | State Zip Code                                   |  |  |  |
| 28 Newfield Ave                             |  | Hartford            |                                 | CT 06106   |  |  |  |
| Purpose of Expenditure<br>(by code)<br>WAGE | Description Canvasser pay  |                     | Amount  \$120                   |  |  |  |  |
| Expenditure # (If applicable)               | Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or composition of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra   |                     |                                 |  |  |  |  |
| Name of Payee                               |  |                     | Date of Payment                 | Method of Payment:                               |  |  |  |
| Katiynn Watson                              |  |                     | Sep 22, 2023                    | O Check #100 Debit Card OEFT                     |  |  |  |
| Street Address                              |  | City                |                                 | State Zip Code                                   |  |  |  |
| 26 Racebrook Dr                             |  | East Hartford       |                                 | CT 06108   |  |  |  |
| Purpose of Expenditure<br>(by code)<br>WAGE | Description Canvasser pay  |                     | Event #                         | Amount   |  |  |  |
| Expenditure # (if applicable)               | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B C D D |                     |                                 |  |  |  |  |
| Name of Payee                               |  |                     | Date of Payment                 | Method of Payment:                               |  |  |  |
| Anedot                                      |  | ·                   | var                             | Check #  |  |  |  |
| Street Address                              |  | City                |                                 | State Zip Code                                   |  |  |  |
| 1340 Poydras Ave                            | )  | New Orleans         |                                 | LA 70112   |  |  |  |
| Purpose of Expenditure<br>(by code) WEB     | Description Fundraising fees   |                     | Event #                         | Amount \$125.40                                  |  |  |  |
| Expenditure # (if applicable)               | Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra   |                     |                                 |  |  |  |  |
| Name of Payce                               |  |                     | Date of Payment                 | Method of Payment:  Check # Debit Card  DEFT     |  |  |  |
| Street Address                              |  | City                |                                 | State Zip Code                                   |  |  |  |
| Purpose of Expenditure<br>(by code)         | Description  |                     | Event #                         | Amount   |  |  |  |
| Expenditure #<br>(if applicable)            | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  One of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD   |                     |                                 |  |  |  |  |
|   |  | UBTOTAL Section P — | - This Page \$365.40            |  |  |  |  |

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