### **SEEC FORM 20**

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

#### COVED DACE

		CUY	EK I	AGE			
1. NAME OF COMMITTEE							
Alex for Hartford							,
2. TREASURER NAME							
First		MI	Last				Suffix
Camryn		ļ	Kessle	r			
3. TREASURER ADDRESS							
Street Address	<u>, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>		City		State	Zip C	ode
73 Imlay St			Hartford		СТ	061	05
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Candid	nte Committee)		6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	City Council	· · · · · · · · · · · · · · · · · · ·				(if applicable	)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)					
First		MI	Last				Suffix
Alex			Thom	as			
8. TYPE OF REPORT (Check One Box)							
O January 10 filing	O7th day preceding primary		070	h day preceding referendum	O Initial Cor		Disbursement
• April 10 filing	O30 days following primary		<b>O</b> 4:	5 days following referendum	OAmendme	Acto 3	
O July 10 filing	O7th day preced	ding election	<b>O</b> D	eficit	Type of Re	port:	A) 500 - 300
October 10 filing	12th day prece			ermination		15.	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		t		( <del>(</del>	The state of the s	
9. PERIOD COVERED						12	CD
	Beginning Da	te		Ending Date			
	January 23, 2023	3	thru	March 31, 2023			
10, CERTIFICATION							
		THE STATE OF THE S					
I hereby certify and state, under posselosure Statement for the possession.					his <b>Itemized C</b> a	nnpaign F	inance
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	~ 1	Co M	Les le C		OJ 1/7 DATE	(mm/dd/yyyy)
A person who is	s found to have kn	owingly an	d willfully	violated any provisions of th	he campaign fin	ance stati	ites

faces a civil penalty or imprisonment or both.

#### **SEEC FORM 20**

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

### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Llex for Hartford	TYPE OF REPORT April 10 filing	
	COLUMN A This Period	COLUMN B 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		
2. Balance on hand at the beginning of Reporting Period	0.00	Annual An
13. Contributions Received from Individuals (Sections A and B)	3,293,00	3,293.00
14. Reccipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
6b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
6c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
7. Total Monetary Receipts (add totals for Lines 13 through 16c)	3,293.00	3,293.00
8. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3,293.00	3,293.00
9. Expenses Paid by Committee (Section P)	910.40	910.40
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2382,60	2382.60
21. In-Kind Donations not Considered Contributions Received (Section L4)	266.66	266.66
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
3. In-Kind Contributions Received (Section M)	0.00	0.00
4. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

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

NAME OF COMMITTEE (Provide Complete Nam		TYPE OF REPORT					
Alex for Hartford				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$			
	B. Itemized Co	ntrit	outions from Indivi	duals			
Last Name		F	irst	3,111,-11,-11,-11,-11,-11,-11,-11,-11,-1			MI
Hercules		Ţ	ſiana				
Residential Street Address		City	•		State	Zip C	Code
33 Sargeant St		Hart	ford		СТ	061	105
Principal Occupation			Name of Employer				
Founder and CEO			Lady Jane LLC				
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?				y, <b>A</b> m	Amount of Contribu	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ontractor or prospective state branches ith: DExecutive	_ 0 No				
Method of Contribution:	- Bo /		Date Received	Aggregate Contributions	$\dashv$		
● Cash ● Personal Check ● Credit/Debit C	ard OPayroll Deduction OMoney	Order	01/27/23	\$50			
Last Name		F	îrst				MI
Michtom		J	losh				
Residential Street Address		City			State	Zip C	Code
135 Madison Ave		Hart	ford		CT	061	106
Principal Occupation		l	Name of Employer		1	1	
Lawyer			Office of the Chief F	Public Defender, CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		00 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality  Yes  No  \$50					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	nch or	branches	c contractor? Yes	,		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Co	ard Payroll Deduction OMoney	Order	01/27/23	\$50			
Last Name		F	irst				МІ
Byrne		E	Erica				
Residential Street Address		City			State	Zip C	Code
28 Park Ave		Win	dsor		СТ	060	)95
Principal Occupation			Name of Employer				
Nonprofit consultant			ERB Consulting				
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?				y, Am \$5	ount of	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No Is contributor a principal of a s  If yes, indicate which brai  of government the contrac	nch or	branches	_ <b>O</b> No			
Method of Contribution:  Date Received Aggregate Contributions							
Cash Personal Check OCredit/Debit C	ard OPayroll Deduction OMoncy	Order	02/03/23	\$5			
	SUBT	гота	AL Section B — This	Page \$105			
	TOTAL of additional Section B Pages \$3188						
TOTAL OF A	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A Lumn A of Summary Page				
	(Parties Antiso Cie Talle	-, -,					

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

NAME OF COMMIT Alex for Hartford	TTEE (Provide Complete .	Name as Registered	with Filing Reposi	(ory)				TYPE OF REPORT April 10 filing			
			Contributio	ne fe	om Ot	hor Comm		g		A	
Name of Committee		C1. C	Jonu Ivadio	115 114	UIII OL	Name of Treasu					
Address				<del></del>				·	1		
Audress				Is thi	is contrib	eution associated I in Section L17 <i>If yes</i> , lis	?	TOYes ONo #	Amount o	f Contribution	
City		State	Zip Code	<del> </del>  D	ate Receiv			ate Contributions	_		
Name of Committee						Name of Treasu	rer				
			war a sa s								
Address				Is thi	is contrib it reporte	ution associated in Section L17 If yes, lis	?	T OYes ONo	Amount o	f Contribution	
City		State	Zip Code	D	ate Receiv			ate Contributions			
Name of Committee	· · · · · · · · · · · · · · · · · · ·					Name of Treasur	rer			· · · · · · · · · · · · · · · · · · ·	
Address				Is thi	is contrib	ution associated	d with a	n O Yes O No	Amount o	f Contribution	
				even	it reported	l in Section L17 <i>If yes</i> , lis		#			
City		State	Zip Code	1 D	ate Receiv			ate Contributions			
				-							
	co n			<u> </u>			1			Marine (476, 11 0 0 0) (10 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Name of Committee	C2. Re	eimbursemen	is or Surpi	us Di	stribu	Name of Treasu		Committees			
reality of Committee						TAILING OF TICUSE					
Address					City	·			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type							Amount of Receipt		
	(у иррисион)	Reimbursen	nent for shared e	expense	OSu	rplus Distributio	on			<b>.</b>	
Description								****	-		
Name of Committee						Name of Treasu	rer				
Address				$\overline{}$	City				State	Zip Code	
					,						
Date Received	Expenditure #	Payment Type							<del></del>		
Date Received	(if applicable)		ement for shared	d avnan	O	Surplus Distribu			Amoun	t of Receipt	
		Remburs	ement for snared	ı expens	se O	Surpius District	иоп				
Description											
			SUBTO	TAL	Section	ı C — This	Page				
			TOTAL	of add	litional	Section C P	ages				
		LL COMMIT							,		
	(Sections (	C1 + C2) (Enter	totat on Line 14	i, Colun	un A of S	ummary Page	Iotals)				

NAME OF COMMITTEE (Provide Complete Name as I	egistered with Filing Reposit	ory)			TYPE O	F REPORT		
Alex for Hartford					April 10 filing			
	D. Loans	Recei	ved this Period	7.11.				
Name of Lender			Source of Loan: OBank O Car	ndidate <b>C</b>	) Individu	al Other 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)	t				·		Amount Received	
Street Address	City				State	Zip Code		
·								
Name of Lender			Source of Loan; OBank O Carr	ididate <b>C</b>	<b>)</b> Individu	al Other Committee	Date of Receipt	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)							O Yes O No Amount Received	
Street Address	City				State	Zip Code		
Name of Lender			Source of Loan:		I		Date of Receipt	
			OBank OCan	ididate C	) Individa	al Other Committee	-	
Street Address	City		J		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No	
Name of Cosigner/Guarantor (if applicable)					L	<u> </u>	Amount Received	
Street Address	City				State	Zip Code		
			TOTAL SECT	ION D				
E. Receipts from Entities	other than Indivi	duals	or Other Com	mittees	(Refera	ndum Cammitta	os OMI V	
Name of Entity			or concrete	millors	(Mejere	nuum Commune	a CMLI)	
Street Address				Date F	Received		Amount Received	
City		State	Zip Code	Aggre	gate Contri	butions		
Name of Entity								
Street Address				D-t- F	i d			
oneet Address				Date	Received		Amount Received	
City		State	Zip Code	Aggre	gate Contri	butions		
Name of Entity			<u> </u>				·	
Street Address			•	Date F	Received		Amount Received	
City	<u>.</u>	Ctato	Zie Cade	1.		1		
√uy		State	Zip Code	Aggre	gate Contri	butions		
			TOTAL SECT	ION E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	The second secon	www.jyrenjj						

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

	E (Provide Complete Name as Regist	ered with Filing Repository)		TYPE OF REPORT			
Alex for Hartford				April 10 filing			
I	. Amount Transferred	from Affiliated Busin	ess Treasury (Busi	iness Entity Committees ONLY)			
Date of Receipt	Is this transaction assoc event reported in Section		es, list Event#	Amount			
Date of Receipt	Is this transaction assoc event reported in Section		es, list Event #	Amount			
Date of Receipt	Is this transaction associated in Section		es, list Event #	Amount			
Date of Receipt	Is this transaction associated in Section		es, list Event#	Amount			
			TOTAL SECTIO	) NF			
G. Amount T	ransferred from Affilia	ted Labor Union or O	ther Organization	n Treasury (Organization Committees ONLY)			
Date of Receipt		Date of Receipt		Date of Receipt			
Amount		Amou	nt	Amount			
			TOTAL SECTION	Ŋ.G.			
	H. Personal Funds of	the Candidate Receiv	ed this Period (Ca	andidate Committees ONLY)			
ate of Receipt	Method of payment:			Amount			
•	<b>O</b> Cash	O Personal Check	Credit/Debit	[			
ate of Receipt	Method of payment:  Cash	Personal Check	Credit/Debit	Amount it Card			
ate of Receipt	Method of payment:	Personal Check	Credit/Debit	Amount it Card			
ate of Receipt	Method of payment:  OCash	Personal Check	Credit/Debit	Amount it Card			
			TOTAL SECTI	IONH			
		I. Anonymous C	ontributions				
an	nount. If a committee	Anonymous Contrib	utions may no lor us contribution, t	onger be deposited in <i>any</i> the campaign treasurer shall nforcement Commission			

for deposit in the General Fund.

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

NAME OF COMMITTEE (Provide Complete Name as Regis	TYPE	TYPE OF REPORT					
Alex for Hartford		April	10 filing				
J. In	terest from Deposits in Aut	horized Accounts					
Name of Institution			Received	Amount			
Street Address	City	State	Zip Code				
Name of Institution		Date 1	Received	Amount			
Street Address	City	State	Zip Code				
		TOTAL SECTION J		1			
K. Miscellane	ous Monetary Receipts not	Considered Contrib	outions				
Name			Date of Transaction	Amount Received			
Street Address	City	Stat	e Zip Code				
Description		. I.u.a.u.a.					
Name			Date of Transaction	Amount Received			
Street Address	City	Stat	e Zip Code				
Description	· · · · · · · · · · · · · · · · · · ·	<del></del>					
Name			Date of Transaction	Amount Received			
Street Address	City	Stat	e Zip Code	,			
Description							
Name			Date of Transaction	Amount Received			
Street Address	City	Sta	te Zip Code	· ·			
Description							
	TOT	AL SECTION K					
SUMMARY OF	OTHER MONETARY RE	CEIPTS (Sections D	through K)				
Total Loans Received this Period (Section D)							
Total Receipts from Entities other than Individu	als or Other Committees (Section	n E) +					
Total Amount Transferred from Affiliated Busin	ness Treasury (Section F)	+					
Total Amount Transferred from Affiliated Labo							
Total Amount of Personal Funds of the Candida							
Total Amount of Interest from Deposits in Auth Total Miscellaneous Monetary Receipts not Cor		+ O +		****			
Total Miscenaneous Monetary Receipts not Cor		Other Monetary Rec	eipts				
(Add Sections I	O through K) (Enter total on Line 15	A STATE OF THE PARTY OF THE PAR	A Committee of the comm				

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

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT							
Alex for Hartford			April 10 filing							
	L1, Even	t Information								
Event # Date of Event Letter	Description			Was this a fur	draising event?					
Date of Event Letter  03/23/23 A	Happy Hour Fundraiser			<b>⊙</b> Yes	ONo					
Location: Street Address		City		State	Zip Code					
1283 Main St		Hartford		ст	06103					
Subpart 1: (All Commits	(ees)			1	<del>1</del>					
Was this event hosted at	a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  No								
Did this fundraiser includ	c goods or services donated by a business entity	Yes (If yes, go to Section L	4 In-Kind Donations n	ot Considered	 Contributions					
	nated by an individual of up to \$100?	and complete required information.)								
		O No								
Was this fundraiser a tag with purchases from an it	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eipts here.)	e						
with purchases from all it	Iditadua of ab to \$100:	<b>⊙</b> No	<del></del>	\$						
Subpart 2: (Party Comm	nittees, Municipal Candidates and Political Comn									
Were there purchases of a sign associated with this	advertising space in a program book or on a	OYes (If yes, go to Section L.			Program Book					
sign associated with this	iunuraiser:	or on a Sign and complete required information.)  No								
Subpart 3: (Town Com.	nittees ONLY)									
	food or beverage at a fair or similar mass	Yes (If yes, enter Total Rec	eipts here.)	\$						
gathering held within the	state with this fundraiser?	ONo								
Event #	Description									
Date of Event Letter				Was this a fur OYes	odraising event?					
Location: Street Address		City		State	Zip Code					
Subpart 1: (All Committ	(ags)									
Was this event hosted at		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  No								
Did this fundraiser includ	le goods or services donated by a business entity	Yes (If yes, go to Section L	4 In-Kind Donations r	ot Considered	Contributions					
of up to \$200 or items do	nated by an individual of up to \$100?	and complete required  No	information.)							
Was this fundraiser a tag	sale, auction, or other sale of donated items	Yes (If yes, enter Total Rec	eipts here.)							
with purchases from an in	ndividual of up to \$100?	_		\$						
		O No	<i>C</i>							
	nittees, Municipal Candidates and Political Comma advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.		~ .	Program Book					
Subpart 3: (Town Comn	nittees ONLY)									
	food or beverage at a fair or similar mass	Yes (If yes, enter Total Rec	eipts here.)	\$						
gathering held within the	state with this fundraiser?	ONo								
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr		This Page							
	SUBTOTAL Sect	ion L1—Subpart 3 (Town Commi	ttees ONLY)							
		ipts from Food Purchases —			·····					
		TOTAL of additional Section	ı Li Pages							
		IPTS FROM SMALL PUI Line 16a, Column A of Summary								

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

		om a committee tag s						
Alex for Hartford	111 EE (Provide Complete Name	e as Registered with Filling Reposit	ory) i same madei.		TYPE OF REPOR	<b>X1</b> ************************************		
	T.3 Pi	urchases of Advertisi	ng in a Prog					
Name of Purchaser	e de service comparent de de la comparent de l La comparent de la comparent d					Purchase	Made By:	
						OBus	iness Entity	Other
						OIndi	viđual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Si	gn Purchase
Name of Purchaser		<u> </u>				Purchase	Made By:	
· ·						O Bus	iness Entity	Other
						<b>O</b> Indi	vidual/Solc P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	mount of Sig	gn Purchase
Name of Purchaser					"[	Purchase	Made By:	
						_	iness Entity vidual/Sole P	Other roprictorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	se A	smount of Si	gn Purchase
Name of Purchaser						Purchase	Made By:	
						Bus	iness Entity	Other
						<b>O</b> Indi	vidual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	mount of Si	gn Purchase
Name of Purchaser						Purchase	Made By:	
						Busi	iness Entity	Other
						<b>O</b> Indi	viđual/Solc P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	se A	mount of Sig	gn Purchase
	SUBTOTAL Sect	ion L3 Total Purchases of	Advertising in	Program Book —	- This Page			
	SUBTOT	AL Section L3 Total Purc	hases of Adver	tising on a Sign –	-This Page			
			TOTAL o	f additional Sectio	n L3 Pages			
	OTAL OF ALL PURCH	IASES OF ADVERTISIN		RAM BOOK or (				

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

NAME OF COMMITTE	E (Provide Complete Name as R	egistered with Filing Repositor	27)		TYPE OF REPOR	T		
Alex for Hartford					April 10 filing			
	L4. J	n-Kind Donations	Not Conside	ered Contribu	tions			
Name of Donor								
Josh Michtom					_			
Street Address			City				State	Zip Code
135 Madison Ave			Hartford				СТ	06106
Donation Given By:	Description of Donation					Fair I	Market Val	uc of Donation
OBusiness Entity	empanadas, soda, cuj	os, wine				\$100	,00	
● Individual	Date Received	Event #		Aggregate Value for	r this Event			
Sole Proprietorship	03/23/2023	032323A		\$100				
Name of Donor	****							
Joe Ploof								
Street Address			City	Manager			State	Zip Code
220 Oxford St			Hartford				ст	06105
Donation Given By: Description of Donation Fair Market Value of D								ue of Donation
OBusiness Entity	Beer					\$66.6	56	
<b>⊙</b> Individual	Date Received	Event #		Aggregate Value fo	r this Event	]		
OSole Proprietorship	03/23/2023	032323A		\$66.66				
Name of Donor								
Semilla Cafe + Studi	o							
Street Address			City				State	Zip Code
1283 Main St			Hartford				СТ	06103
Donation Given By:	Description of Donation					Fair	Market Va	lue of Donation
Business Entity	space rental					\$100	)	
Ondividual	Date Received	Event #		Aggregate Value for this Event				
Sole Proprietorship	03/23/2023	032323A		\$100				
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation				·····	Fair	Market Va	lue of Donation
O Business Entity								
OIndividual	Date Received	Event #		Aggregate value fo	r this Event			
O Sole Proprietorship								
		SUB	TOTAL Sectio	n L4— This Pag	\$266.66			
	The second secon				T T VIV			
		TOTA	AL of additions	al Section L4 Pag	es			
<b>TO</b>	TAL OF ALL IN-KIND	DONATIONS NOT CO Enter total on Line 21, 0	ONSIDERED C	CONTRIBUTION	NS \$266.66			,
					12.0 V			

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

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Re	pository)		TYPE OF REPORT
Alex for Hartford				April 10 filing
	L5. In-Kind Donations Not Consid	ered Contributions A	Associated with a H	ouse Party
Name of Host			committee? (	upporting more than one candidate or  Yes No nplete Itemization in Addendum L5
Street Address		City	1 11	State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Eve	nts—this host/candidate	
Name of Host			committee? (	upporting more than one candidate or  Yes No uplete Itemization in Addendum 1.5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Eve	nts— <i>this host/candidate</i>	
Name of Host			committee? (	upporting more than one candidate or Yes No nplete Itemization in Addendum 15
Street Address		City		State Zip Code
Description of Donation		•		Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Eve	nts—this host/candidate	
Name of Host			committee?	upporting more than one candidate or Yes No mplete Itemization in Addendum 1.5
Street Address		City		State Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Eve	nts—this host/candidate	
		SUBTOTAL Section	ı L5 — This Page	
		TOTAL of additional	Section L5 Pages	
	AL OF ALL IN-KIND DONATIONS N ITH A HOUSE PARTY (Enter total or	OT CONSIDERED Con Line 22, Column A of Si	ACCOUNT OF THE PROPERTY OF THE	

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

NAME OF COMMITTEE (Provide Complete	Name as Reg	gistered with I	Filing Repository)				TYPE O	REPORT			
Alex for Hartford							April 10	filing			
	4		M. In-Kino	I Contr	ribut	ions				2.7.1	
Name								4	. 4 *********		
Street Address				Ci	ity			,	State	Zip Code	
Type of contributor: Committee	Date Receiv	ved	Aggregate Contribu	ations	Des	cription of In-Kind	Contribution		I	i	
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, Yes	If contril	bution is in o	excess of \$400 to	a candidate	e for a	chief executive o	fficer of a	municipality,			
or dependent child of a lobbyist?		tributor or t t more than		associated	d with have a contract with said municipality  OYes  ONo			nicipality	Fair Market Value of this Contribution		
Is this contribution associated with an	8 Yes					or prospective sta	ite contrac	tor? Syes			
event reported in Section L1?  No  If yes, indicate which branch or branches  of government the contract is with:  Executive Legislative											
Name	<u> </u>					m					
Street Address			· · · · · · · · · · · · · · · · · · ·	Ci	ity				State	Zip Code	
Type of contributor: Committee	Date Receiv	ved	Aggregate Contribu	utions	Des	scription of In-Kind (	Contribution	l	I	1	
Olindividual / Sole Proprietorship Oother											
If contribution is in average of \$400 to a condidate for a chief executive officer of a punicipality.											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  No  Yes O No  Yes O No  It contribution is in excess of \$4-50 to a candidate for a cine exceditive of a municipality of this Contribution											
Is this contribution associated with an event reported in Scotion L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Security   Securit											
If yes, list Event #	·	of gover	nment the contrac	et is with:		Executive	<b>U</b> Legisla	tive			
Name											
Street Address				Ici	ity				State	Zip Code	
					,						
Type of contributor: Committee	Date Recei	ved	Aggregate Contrib	utions	Des	scription of In-Kind (	Contribution	ı			
OIndividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ntributor or	business he/she is		d with	a chief executive have a contract w			Fair Market Value of this Contribution		
	<u> </u>	at more than				Yes No		tar? 01/aa			
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 No	If yes,	ior a principal of a indicate which bra mment the contrac	anch or br		or prospective states  Executive	_	ONo			
		A STATE OF THE STA	SUBT	OTAL S	ection	ı M — This Pap	je.				
The state of the s			тотат	of additi	ional	Section M Page	28				
The second secon						A CONTROL OF THE PROPERTY OF T	The state of the s		,		
TOTAL OF ALL IN-KIND CON	rkibU)	HONS (E	nter total on Line	23, Colum	n A of	Summary Page To	tals)				
	N.	Refund	lable Deposi	t to Tel	leph	one Compan	V				
Last Name of Individual			Fi	rst				м	Date Deposi	t Made	
								.			
Residential Street Address			City				State	Zip Code	T	A	
									1 '	Amount of Deposit	
									4	-	
Name of Telephone Company											
Street Address			City				State	Zip Code	7		
			10 10 10 10 10 10 10 10 10 10 10 10 10 1	VALUE AND	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100 mm 1		J	<u> </u>		
TOTAL S	ECTION	N (Enter l	total on Line 24,	Column A	l of Su	mmary Page Tota	ils)				

SEEC FORM 20

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Restred January 2015		211 01-220 (500)	101101	12 12 17 17 17 17 17	**************************************			
	TEE (Provide Complete Name as Registered with Filing Repo	ository)		TYPE OF REPORT				
Alex for Hartford			April 10 filing					
	P. Expe	nses Paid by Comm						
Name of Payee			Date of Payment		of Payment: ck #0092			
Joel Cintron			02/17/23	O Deb				
Street Address		City		State	Zip Code			
52 Clifford St. Ap	t. 3E	Hartford		СТ	06114			
Purpose of Expenditure	Description	Dr Event #						
(by code) MISC	Photoshoot			\$25	\$25			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi  None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	enditure) 🔘 I	ow" is checked)  idependent rganizationOAOBOC	a (				
Name of Payee			Date of Payment	Method o	of Payment:			
Anedot		var	O Che	-				
Street Address		State	Zip Code					
1340 Poydras Stre	1340 Poydras Street, Suite 1770 New Orleans				70112			
Purpose of Expenditure (by code)	pose of Expenditure Description Event #							
(by code) WEB	Fundraising fees			\$135	\$135,40			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expended Coordinated without reimbursement sought (in-kine)	enditure) O In	ow" <i>is checked)</i> dependent ganization <b>()A ()B ()</b> C (					
Name of Payee			Date of Payment	1	of Payment;			
Travis Wong 03/28/23				O Chec				
Street Address		City		State	Zip Code			
30 Westview Terra	ace	Unionville						
Purpose of Expenditure	Description		Event #		Amount			
(by code) REF	Refund of surplus contribution			\$750	\$750			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Requ.  None of the below Coordinated with reimbursement sought (joint exp. Coordinated without reimbursement sought (in-kin	penditure) O	low" is checked)  Independent  Independent BOC	) D				
Name of Payee			Date of Payment	Method of Chee				
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi  None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	enditure) 🔘 I	ow" is checked)  idependent rganization()A () B () C (	) D				
		SUBTOTAL Section	n P — This Page \$910.40					
		TOTAL of additional	Section P Pages					
	TOTAL OF ALL E	XPENSES PAID BY n Line 19, Column A of Su	COMMITTEE \$910.40					
		Line 17, Commin A of Da	y + ngc + omis/		····			

NAME OF COMMIT	TYPE OF REPORT	TYPE OF REPORT							
Alex for Hartford				April 10 filing					
	O. Campaign E	xpenses Paid by Cano	lidate		**************************************				
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reinil	oursement claimed?			
]	,			,	_	_			
					0	Yes O No			
Street Address		City			State	Zip Code			
Purpose of Expenditure	Description		Event	:#		Amount			
(by code)				. "		1 IIII Gunt			
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reim!	Is reimbursement claimed?			
					0	Yes 🕜 No			
Street Address		City							
Sacot Hadress		City			State	Zip Code			
Purpose of Expenditure	Description	•	Event	1#		Amount  Amount			
(by code)									
Name of Payee (Name of		Date of Payment	Is reim	oursement claimed?					
					0	Yes 🔘 No			
Street Address		City		<u> </u>	State	Zip Code			
		•				• • • • • • • • • • • • • • • • • • • •			
Purpose of Expenditure	Even	t #		Amount					
(by code)									
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)  Date of Payer (Name of Vendor, Person or Entity who candidate paid directly)					Tt1				
Trans of Payes (traine of Vertion, Person of Emily who cumulate plan affectly)				Date of Payment	is termi	_			
						Yes O No			
Street Address		City			State	Zip Code			
P	Description		Event	. 4					
Purpose of Expenditure (by code)	Description		Even	. #	Annunt				
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?				
				•		Ves 🔿 No			
Street Address		City			State	Zip Code			
Purpose of Expenditure	Description		Event	#		1 Amount			
(by code)									
Name of Payee (Name of 1	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reiml	oursement claimed?			
					0	Yes 🔘 No			
Street Address		City			State				
		City			Siaic	Zip Code			
Purpose of Expenditure	Description		Event	#		Amount			
(by code)									
		SUBTOTAL Section Q	— Thi	s Page					
				Company of the Control of the Contro					
		FOTAL of additional Sect	ion O	Pages					
And the second s				A transfer of the second of th					
	TOTAL OF ALL EX	KPENSES PAID BY CA	INDI	DATE					
		Line 26, Column A of Summa							

NAME OF COMMIT Alex for Hartford	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT April 10 filing		
Alex for naturity			and the consensation from the deep for three and the		
Name of Issuing Inst	R. Expenses Incurred	I on Commutee Cre Type of Credit Card:	dit Caru		
itame of faating fast	ituton	O Visa O Master C	ard ODiscover OAmeric	an Express	Other:
Name of Vandor Borgon	or Britis		0 = = = = = = = = = = = = = = = = =		ransaction
Name of Vendor, Person	or conny			Date of 1	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control to the c	ure) 🚺 Indepe			
Name of Vendor, Person	or Entity		Alia -	Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ure) 🔘 Indepe			
Name of Vendor, Person	or Entity			Date of 'I	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	1	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required to None of the below Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	ure) Indepe			·
	SU	BTOTAL Section R —	This Page		
	TOTA	AL of additional Section	R Pages		
TC	OTAL OF ALL EXPENSES INCURRED ON C (Enter total on Line	COMMITTEE CRED 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repos	sitory)	TYPE OF REPOR	T	
Alex for Hartford			April 10 filing		
	S. Expenses Incurred by C	ommittee but Not Paid	During this Period		
Name of Creditor				Date Incu	rred
Street Address		City	City		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditured without reimbursement sought (in-key)	Indexpenditure) Orga	"is checked) pendent nization: OA  OB  OC	Op	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred istimate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Remization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditured without reimbursement sought (in-k	kpenditure)	" is checked) pendent nization: OA OB OC	Oр	
Name of Creditor				Date Incu	urred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Requirement Sequence of the below Coordinated with reimbursement sought (joint expenditure).	Inde	endent onization: OA OB OC	Op	
		SUBTOTAL Section	n S-This Page		
		TOTAL of additional S	ection S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE D (Enter total	DURING THIS PERIOD BU I on Line 28, Column A of Sumi			
	Previously reported	Expenses Unpaid and still	Outstanding		
	TOTAL OF ALL EXPENSES INCUR (Enter total c	RED BY COMMITTEE B			

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposite	2271)		Space naviga	TV	PE OF RE	PORT	ALIKERAYA.	velvisven.	a eventi
Alex for Hartford	A 1 10 me comprese tume as register ea mm 2 ming reposite	·				ril 10 fili				
	T. Itemization of Reim	burse	ements	and Secon	dary Pa	yees				
Last Name of Worker/Con		First		<u> </u>		<u> </u>	МІ	Date of I Person or	ayment to \ Entity	/endor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	<u> </u>					n Section P:	Committee V	Vorker/Con	_
Street Address of Vendor,	Person or Butity Paid by Committee Worker/Consultant	Ci	ity			G cinc	OK 11	State	Zip Code	<u>O Li 1</u>
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum T Requi-	enditure)	)	O Indepe		O 6				
Last Name of Worker/Con-	sultant	First					МІ	Date of F Person or	ayment to V r Entity	√endor,
·	r Entity Paid by Committee Worker/Consultant						n Section P:		bit Card	sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	Ci	ity					State	Zip Code	
Purpose of Expenditure (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 expenditured without reimbursement sought (in-kin)	enditure)	1	O Indepe	·	O (	) ()			
Last Name of Worker/Con	sultant	First					MI	Date of I Person o	ayment to \ r Entity	Vendor,
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant						n Section P:	Committee V	Worker/Con	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	Ci	ity			One	OK II	State	Zip Code	
Purpose of Expenditure (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 expenditure) Coordinated without reimbursement sought (in-kine)	enditure)	i	O Indepe	·	O 6	) O			
		SU	BTOTAI	Section T	– This Pa	ge				
		тот	AL of ad	ditional Sect	ion T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	wor	KERS A	AND CONS	ULTAN'	ΓS				
						-				

### Section B ADDITIONAL PAGE 1 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Alex for Hartford		April 10 filing	g			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$				
	ontributions from Indivi	duals				
Last Name Maida	First Cheryl		MI			
Residential Street Address	City		State Zip Code			
461 Edgewood St	Hartford		CT 06112			
Principal Occupation	Name of Employer					
Social Worker	Wheeler Clinic					
	0 to a candidate for a chief executive is associated with have a contract Oyes ONo		Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra		OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order   02/20/23	\$100				
Last Name	First	<u> </u>	Mi			
Early	Kalen					
Residential Street Address	City		State Zip Code			
232 Wildwood Court	Birmingham		AL 35209			
Principal Occupation	Name of Employer					
Student	Student					
	lobbyist?					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Is contributor a principal of a lifyes, indicate which broof government the contributor apprincipal of a lifyes, indicate which broof government the contributor.		te contractor? Yes O Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMonc	y Order 02/21/23	\$10				
Last Name	First		MI			
McGee	Brandon					
Residential Street Address	City		State Zip Code			
43 Warren	Hartford		CT 06120			
Principal Occupation	Name of Employer					
Administrator	CREC					
Is contributor a tobbyist, spouse, or dependent child of a lobbyist? So No So						
	ncipal of a state contractor or prospective state contractor?  Which branch or branches the contract is with:  Executive  Legislative					
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 02/24/23	\$50	•			
SUB	TOTAL Section B — This	Page \$160				
TOTA	L of additional Section B 1	Pages \$3133				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections and IS) Column A of Summary Page					
	The second secon	11 (C. Strinian, 12)				

# Section B ADDITIONAL PAGE 2 of 12

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT			
Alex for Hartford			April 10 filing	<del></del>			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$					
	B. Itemized Co.	atrib	utions from Indivi	duals			
Last Name			rst				MÍ
McCudden			om				
Residential Street Address	-	City			State	- 1 '	p Code
1 Linden Pl		Hartf	rora		Cτ		6106 ————
Principal Occupation			Name of Employer				
Attorney			Federal Defenders	of Connecticut			
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?				y, Aı		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brait of government the contract	nch or i	branches	e contractor? Yes  O Logislative			
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	03/14/23	\$50			
Last Name		Fi	rst	<u> </u>	_1		MI
Schuberth		N	⁄like				
Residential Street Address		City			State	Zi	p Code
9608 Manus Ct		Matt	hews		NC	2	8105
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 \$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 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?				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-	nch or	branches	te contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Ca	ard Payroll Deduction Money	Order	03/14/23	\$100			
Last Name		Fi	irst		!		MI
Duffy			Christopher				
Residential Street Address		City			State	Zi	p Code
24 Marble Faun Ln		Wind	dsor		СТ	0	6095
Principal Occupation			Name of Employer			_	
Leadership Consultant			Amplify Leadership	o Partners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  Yes  Yes  Yes  Yes					of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	on associated with an Section L1?  Yes No Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches						
Method of Contribution:	a Bo . Station in South		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoncy	Order	03/14/23	\$25			
	SUBT	ГОТА	AL Section B — This	Page \$175			
		123,444	dditional Section B )	Part Community Community And Com			<u> </u>
TOTAL OF A	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections Jumn A of Summary Page				
			A CONTROL OF THE CONT	And Andrew State Community of the Commun			

# Section B ADDITIONAL PAGE <sup>3</sup> of <sup>12</sup>

B. Itemized Contributions from Individuals  B. Itemized Contributions from Individuals  B. Itemized Contributions from Individuals  Bar Name  Rendential Since Address  City Simsbury  Community Music School of Springfield  Rendential Since Address  Community Music School of Springfield  Is contribute a bibbyist, spouse, or dependent child of a lobbyist?  No If contribute in the spring of a state contractor or prospective state contractor o	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
B. Itemized Contributions from Individuals    B. Itemized Contributions from Individuals   Mile	Alex for Hartford			April 10 filing	pril 10 filing		
Last Name Aponte Aponte Rachel			affirm that a transport of the contract of the	\$			
Last Name Aponte Aponte Rachel							
Recidential Sweet Address 12 Rebecca Lane Program Coordinator 15 contributors a lobbysis, spouse, of a personal Check © Credit/Debit Card Clark Residential Sweet Address 15 State Clay Clay Simsbury Rame of Employee Community Music School of Springfield 16 contribution associated with an event reported in Section L1? Milliam  Program Coordinator  16 this contribution session of the Contribution of South State Contribution State Con	B. Itemized Con	ntrib	utions from Indivi	duals			
Residential Street Address 12 Rebecca Lane Principal Occupation Is contributor a slobyist, spouse, or dependent child of a lobbyist?  Is this contributor a School Countribution 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 of the south report of the school of Springfield  Is this contributor a School of Springfield  Is this contributor associated with an event reported in Section I.1?  If this contributor or purspective state coutractor?  Is the school of Countribution  Ocash Personal Check Occedit/Debit Card Payroll Deduction Money Order  Clark  Is contributor a flobyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist of the school of spowerment the contract is with:  Is contributor a school of Springfield  Name of Employer  Community Music School of Springfield  Amount of Contribution  Date Received	Last Name	Pi	irst			MI	
Principal Occupation   Principal Occupation   Principal Occupation   Principal Occupation   Principal Occupation   Principal Occupation   Program Coordinator	Aponte	R	Rachel				
Principal Occupation Program Coordinator  Is contributor a lobbysis, spouse, or dependent child of a lobbysis?  No	Residential Street Address	City	Manue et		State	Zip Code	
Program Coordinator   Community Music School of Springfield	12 Rebecca Lane	Sims	bury		CT	06070	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contributor a secretary with a contractor of prospective state contractor?  Is this contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  No  Is this contribution associated with an event reported in Section L1?  No  Is this contribution associated with an event reported in Section L1?  No  Is this contribution associated with an event reported in Section L1?  No  Is this contribution associated with an event reported in Section L1?  No  Is this contribution associated with an event reported in Section L1?  No  Is this contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a both of the section L1?  Is contributor a both of the section L1?  Is contributor a both of the section L1?  Is contributor a sociated with an event reported in Section L1?  Is contributor a principal of a state contractor?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the section L1?  Is contributor a bothyist, spouse, or dependent child of a lobbyist?  Is contributor or business he/she is associated with have a contract with said municipality and executive officer of a municipality, and the section L1?  Is contributor a principal of a state contractor or prospective state contractor?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and executive officer of a municipality, and executive officer of a municipality, and the section L1?  Is contributor a principal of a state contractor or prospective state contractor?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the section L1?  If the section L1?  If the section L2 is contributor or prospective	Principal Occupation		Name of Employer				
or dependent child of a lobbyist?	Program Coordinator		Community Music S	School of Springfiel	d		
event reported in Section L17	or dependent child of a lobbyist? ONO does contributor or business he/she		ciated with have a contract		·		
Method of Contribution:  OCash Personal Check **Ocredit/Debit Card **Payroll Deduction **OMoney Order**  OSA/14/23 **S100**  Date Received 03/14/23 **S100**  Aggregate Contributions State Clark **William **State Contractor State State State Contractor State State Contractor State State Contractor State State Contractor State S	event reported in Section L1? No If yes, indicate which bran	nch or	branches	_ O No			
Clash   Personal Check   Cardit/Debit Card   Payroll Deduction   Money Order   Milliam   Milli	7 763, 100 2 1012 11	/1 13 WI	<del>_</del>	<del>-</del>	_		
Last Name Clark  Residential Street Address 627 Brighton Way    Residential Street Address   City   Bloomfield   CT   D6002    Principal Occupation   State   CT   D6002		/ Order					
Residential Street Address 627 Brighton Way    Cay   Bloomfield   Cay   Bloomfield   CT   O6002						МІ	
Rame of Employer   Size Contribution associated with an of Scottin L1?   Size Contribution   Size Contri	Clark	V	Villiam				
Principal Occupation Consultant    Name of Employer   Eli Patrick & Co.	Residential Street Address	City			State	Zip Code	
Eli Patrick & Co.	627 Brighton Way	Bloo	mfield		СТ	06002	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive offlicer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order  Last Name  Hamilton  Residential Street Address 4 Old Still Rd  Principal Occupation  Chief Operating Officer  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, adverted with have a contract or?  Name of Employer  The Carver Foundation of Norwalk, Inc.  Amount of Contribution  The Carver Foundation of Norwalk, Inc.  Amount of Contribution  Amount of Contribution of Contribution of Norwalk, Inc.	Principal Occupation		Name of Employer		<u>.                                    </u>		
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  City  Woodbridge  City  Woodbridge  Principal Occupation  Chief Operating Officer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000?  Amount of Contribution  State  City  Woodbridge  CT  Aggregate Contributions  Aggregate Contributions  State  City  Woodbridge  CT  Cash Operating Officer  CT  Aggregate Contributions  State  City  Woodbridge  CT  Amount of Contribution  Amount of Contribution of Norwalk, Inc.  Amount of Contribution of Norwalk and municipality valued at more than \$5,000?  Amount of Contribution of Norwalk and municipality valued at more than \$5,000?	Consultant Eli Patrick & Co.						
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received O3/15/23  S50  Last Name Hamilton  Residential Street Address 4 Old Still Rd  Principal Occupation Chief Operating Officer  Chief Operating Officer  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?  In the carver Foundation of Norwalk, linc.  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?  Principal Occupation  Occupatio	or dependent child of a lobbyist?	to a ca	ciated with have a contract	e officer of a municipality with said municipality			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 03/15/23 \$50  Last Name Hamilton Clinton State Clip Woodbridge CT 06525  Principal Occupation Chief Operating Officer Name of Employer The Carver Foundation of Norwalk, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No walk at more than \$5,000? Yes No No State Contribution of Contribution \$100.000	event reported in Section L1?	inch or	branches	_ <b>O</b> No			
Last Name Hamilton  Residential Street Address 4 Old Still Rd  Principal Occupation Chief Operating Officer  The Carver Foundation of Norwalk, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  No  Principal Occupation Chief Operating Officer  The Carver Foundation of Norwalk, Inc.  Amount of Contribution of Operating Officer  The Carver Foundation of Norwalk, Inc.  Amount of Contribution of Operating Officer of a municipality, one of the principal operation of Operating Officer of the principal operation operation of Operating Officer of the principal operation operatio	Method of Contribution:		Date Received	Aggregate Contributions			
Hamilton  Clinton  Residential Street Address 4 Old Still Rd  Principal Occupation Chief Operating Officer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Ves  No  Ves  No  Ves  No  City  Woodbridge  CT  O6525  Name of Employer  The Carver Foundation of Norwalk, Inc.  Amount of Contribution of Contribution of Amount of Contribution of Co	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	03/15/23	\$50			
Residential Street Address 4 Old Still Rd  Woodbridge  City Woodbridge  CT 06525  Principal Occupation Chief Operating Officer  The Carver Foundation of Norwalk, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No	Last Name	- 1				MI	
4 Old Still Rd  Woodbridge  CT  06525  Principal Occupation Chief Operating Officer  The Carver Foundation of Norwalk, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  No  Yes No	Hamilton	(	Llinton				
Principal Occupation Chief Operating Officer The Carver Foundation of Norwalk, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N		1 -	odbridge		1	1 *	
Chief Operating Officer  The Carver Foundation of Norwalk, Inc.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of 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 No  Amount of Contribution \$100		1,000			1-,	100323	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  Yes No  Yes No  Yes No  Yes O No  Yes O No  Yes O No  Yes O No  Amount of Contribution \$100	· -		' '	tion of Norwalk Inc	-		
or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No \$100							
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? QYes	or dependent child of a lobbyist?		ociated with have a contract				
event reported in Section L1?  No If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	event reported in Section L1?						
Method of Contribution:  Date Received Aggregate Contributions	·						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 03/16/23 \$100	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Ordei	r   03/16/23	\$100			
SUBTOTAL Section B — This Page \$250	SUBT	гот	AL Section B — This	<b>Page</b> \$250			
TOTAL of additional Section B Pages \$3043	TOTAL	L of a	additional Section B l	2ages \$3043			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$3293	TOTAL OF ALL CONTRIBUTIONS FROM	M INI	DIVIDUALS (Sections A	A±B) \$3203			

### Section B ADDITIONAL PAGE 4 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Alex for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
	B. Itemized Co	ntribu	tions from Indivi	duals			
Last Name	11111000000000000000000000000000000000	First	<u></u>	· · · · · · · · · · · · · · · · · · ·		MI	
Thomas		Ale	exandra				
Residential Street Address		City			State	Zip Code	
57 Charter Oak Avenue		Hartfo	rd		CT	06106	
Principal Occupation			Name of Employer				
Teacher			Yale				
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?				, Am	ount of Contribution	
	Yes Is contributor a principal of a s No  If yes, indicate which bran of government the contrac	nch or br	anches	e contractor? Yes OLegislative			
Method of Contribution:		- 1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	03/19/23	\$50			
Last Name		First			<u> </u>	M1	
Vita		Jul	iana				
Residential Street Address		City			State	Zip Code	
24 Knollwood Rd		West F	lartford		CT	06110	
Principal Occupation			Name of Employer				
Assistant Professor			University of Hartfo	ord			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 032323A	ls contributor a principal of a  If yes, indicate which bra  of government the contract	inch or bi	ranches	te contractor? Yes No			
Method of Contribution:	······································		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	03/23/23	\$50			
Last Name		First			<u></u>	MI	
Keller		Ste	efan				
Residential Street Address		City			State	Zip Code	
32 Ashley St		Hartfo	rd		CT	06105	
Principal Occupation			Name of Employer				
Non-Profit Employee			Make the Road Cor	nnecticut			
				ount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 032323A	Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative						
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check CCredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	03/23/23	\$50			
	SIIR	ΓΩΤΑΙ	Section B — This	page \$150			
		A company of the comp	A Company of the Comp	Section Sectio	<del></del>		
	A Company of the Comp	L of ad	ditional Section B I	Pages \$3143			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections / mn A of Summary Page				
The state of the s	And the state of t		the second secon				

# Section B ADDITIONAL PAGE <sup>5</sup> of <sup>12</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Alex for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		ils Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	outions from Individ	iuals	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		
Last Name	Fi	irst			MI	
Figueroa	C	Carlos				
Residential Street Address	City			State	Zip Code	
29 Delmont Rd	East	Hartford		CT	06108	
Principal Occupation	.i	Name of Employer		<u> </u>	.1	
Portfolio Management Associate		Conning				
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	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  We list Event # 032323A  Yes Is contributor a principal of a Utyes, indicate which bra of government the contra	ınch or	branches _	contractor? Yes OLegislative			
If yes, list Event # 032323A of government the contract  Method of Contribution:	13 1711	Date Received	Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	1 .	\$10			
Last Name	Fi	irst			MI	
Simpson	N	lathan				
Residential Street Address	City			State	Zip Code	
185 Brook Street	New	Britain		CT	06051	
Principal Occupation	<u> </u>	Name of Employer		L	<u>.l</u>	
Data Manager		AAUP				
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	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 032323A  Section L1?  Is contributor a principal of a flyes, indicate which brateful of government the contraction.	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	03/23/23	\$5			
Last Name	Fi	irst		•	МІ	
Napear	Ε	Emily				
Residential Street Address	City			State	Zip Code	
370 Asylum St	Hart	ford		CT	06103	
Principal Occupation		Name of Employer				
Teacher		East Hartford Public	c Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No locs contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
event reported in Section L1? O No If yes, indicate which bra	Yes No Is contributor a principal of a state contractor or prospective state contractor?  **Moderate of Security** Systems**    **Systems**    **Systems**    **Systems**    **Systems**    **Prescription**    **Systems**    **System			:		
Method of Contribution:  Cash Personal Check © Credit/Debit Card Payroll Deduction OMoney	y Order	Date Received 03/23/23	Aggregate Contributions \$10			
		AL Section B — This	Page \$25			
		idditional Section B F	The state of the s		- 44	
		A STATE OF THE STA	Construction of the last			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page				

### Section B ADDITIONAL PAGE 6 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Alex for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Recei- (See instructions for definition of Small Contributor)	CONTRACTOR OF THE	nis Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	F	irst				MI
Diaz	J	ason				
Residential Street Address	City		<u></u>	State	Zip (	Code
203 Fairfield Ave	Hart	ford		СТ	061	114
Principal Occupation	<u> </u>	Name of Employer			1	
Firefighter		City of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or business he/sh valued at more than \$5,000?				y, An \$10		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 032323A  Section L1?  No of government the contraction of the section L1?	anch or	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/23/23	\$100			
Last Name	F	irst				MI
Davis	E	Drew				
Residential Street Address	City	_		State	1 '	Code
120 Rugby Rd	Lone	gmeadow		MA	01	106
Principal Occupation		Name of Employer				
Investor		Chestnut Realty				
	st? O No does contributor or business he/she is associated with have a contract with said municipality				f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No Is contributor a principal of a figure which broad government the contributor approximation of government the contributor.	anch or	branches	te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/23/23	\$200			
Last Name	F	irst				MI
Martinez	15	Sadie				
Residential Street Address	City		,	State	Zip	
1007 Maple Avenue	Hart	ford		CT	06	114
Principal Occupation		Name of Employer				
Case Worker/Program Manager		CT Institute for Ref	ugees & Immigrants	5		
	or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality					f Contribution
event reported in Section L1?						
Method of Contribution:  Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 03/23/23 \$10						
SUB	тот	AL Section B — This	Page \$310	,		
			Constitution of the state of th			
TOTAL of additional Section B Pages \$2983  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$3293						
(Enter total on Line	e 13, Co	lumn A of Summary Page	Totals)			

# Section B ADDITIONAL PAGE <sup>7</sup> of <sup>12</sup>

NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Repository)		TYPE OF REPORT			
Alex for Hartford			April 10 filing			
A. Total Contributions from Small C (See instructions for definition of Small Contribut		this Period ONLY TOTAL SECTION A	\$			
	B. Itemized Contri	butions from Indivi	duals		V. Francis (1980) (1980	
Last Name	]	First			MI	
Bermudez		Pedro				
Residential Street Address	City			State	Zip Code	
189 Hollister Dr	East	t Hartford		СТ	06118	
Principal Occupation		Name of Employer				
retired		retired				
or dependent child of a lobbyist? O No does co	ribution is in excess of \$400 to a contributor or business he/she is ass at more than \$5,000?			, Amou	ent of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 032323A	contributor a principal of a state of If yes, indicate which branch or of government the contract is w	r branches	CLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
● Cash Personal Check Credit/Debit Card Pro	ayroll Deduction OMoney Ordo	ет 03/23/23	\$23			
Last Name		First			MI	
Montesi	l l	Grace				
Residential Street Address	City			State	Zip Code	
150 Kenyon St	Har	tford		ст	06105	
Principal Occupation		Name of Employer		1		
unemployed		unemployed				
or dependent child of a lobbyist? O No does con					int of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 032323A	contributor a principal of a state If yes, indicate which branch of of government the contract is w	or branches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPersonal Check Ocredit/Debit Card OPersonal Check Occidents	ayroll Deduction Money Orde	er 03/23/23	\$30			
Last Name	Ţ	First		_	MI	
Vermette		Sara				
Residential Street Address	City			State	Zip Code	
235 Broadbrook Rd	Enfi	ield		СТ	06082	
Principal Occupation		Name of Employer				
Realtor	•	Realtor				
or dependent child of a lobbyist? O No does co					int of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	is sisted with an 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						
Cash Personal Check Ocredit/Debit Card OP	ayroll Deduction OMoney Orde	cr 03/24/23	\$25			
	SUBTOT	'AL Section B — This	Page \$78			
	TOTAL of	additional Section B I	ages \$3215			
TOTALORALICO	NTRIBUTIONS FROM IN					
IOIALOF AELECO		olumn A of Summary Page				

# Section B ADDITIONAL PAGE 8 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito.	ry)		TYPE OF REPORT			
Alex for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized	Contrib	outions from Indivi	duals	70 g 10 g		
Last Name	F	irst			MI	
Fowler	F	Rex				
Residential Street Address	City			State	Zip Code	
35 Vineland Terrace	Hart	tford		СТ	06112	
Principal Occupation		Name of Employer				
CEO		Hartford Communi	ty Loan Fund			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$\frac{9}{9}\$ does contributor or business he valued at more than \$5,000?	\$400 to a ca e/she is asse	andidate for a chief executiv ociated with have a contract OYes ONo	with said municipality	\$50	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal If yes, indicate which of government the co	ı branch or					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	foney Order	r 03/24/23	\$50			
Last Name	F	rirst			MI	
Hill	/	Aristede				
Residential Street Address	City			State	Zip Code	
121 School Street	Bloc	omfield		ст	06002	
Principal Occupation		Name of Employer		L	<b>I</b>	
Manager GPP						
	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 Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  \$50					
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:  DEXECUTIVE OF Legislative					
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Orde	r 03/24/23	\$50			
Last Name	I	First			MI	
Epps		Leonard				
Residential Street Address	City			State	Zip Code	
76 Northbrook Drive	Wes	st Hartford		CT	06117	
Principal Occupation		Name of Employer				
Violence Prevention		BCH Institute				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contribution is in excess of the does contributor or business he valued at more than \$5,000?	or business he/she is associated with have a contract with said municipality				ount of Contribution	
event reported in Section L1?						
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Aoney Orde	or 03/24/23	\$25			
S	UBTOT	AL Section B — This	Page \$125		-	
TOTAL of additional Section B Pages \$3168						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$3293						
A company of the control of the cont	and the second property of the		to a first and and a contract the streets			

### Section B ADDITIONAL PAGE <sup>9</sup> of <sup>12</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Alex for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
	R Itemized Co.	atrib	outions from Indivi	inals			
Last Name		******	irst			************	мі
Cotto		L	.eticia				:
Residential Street Address		City			State	Zip C	Code
23 Colebrook St		Hart	ford		СТ	061	12
Principal Occupation			Name of Employer				
Administrator			Hartford Public Libi	rary			
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?						
	Yes Is contributor a principal of a s No If yes, indicate which brar			e contractor? Yes			
If yes, list Event #	of government the contrac	t is wi	th: OExecutive	O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	Order	03/24/23	\$30			
Last Name		į.	irst				MI
Pinto		K	Karishm				
Residential Street Address		City	_		State	Zip C	
21 Temple St		Hart	ford		СТ	061	03
Principal Occupation			Name of Employer				
Senior Marketing Program Manager			Adams & Knight				,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  O Yes  No  No  Amount of Contribution				Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No							
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Co	ard Payroll Deduction Money	Order	03/25/23	\$50			
Last Name	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		irst				МІ
Lopes		١	William				
Residential Street Address		City			State	Zip (	
1475 Amsterdam Ave		New	/ York		NY	100	027
Principal Occupation			Name of Employer				
Territory Manager			LuxerOne				
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, Am		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #							
Method of Contribution:  OCash OPersonal Check OCredit/Debit Contribution:	ard OPayroll Deduction OMoney	Order	Date Received 03/26/23	Aggregate Contributions \$25			
SUBTOTAL Section B—This Page \$105							
TOTAL of additional Section B Pages \$3188							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$3293							

## Section B ADDITIONAL PAGE <sup>10</sup> of <sup>12</sup>

^	f	1	2
0		-	_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Alex for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		Fi	rst			MI	
Legan		K	enny				
Residential Street Address		City			State	Zip Code	
72 Village Drive		Weth	nersfield		CT	06109	
Principal Occupation			Name of Employer			***************************************	
Producer			ESPN				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, <b>A</b> m	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 self of government the contract	nch or l	branches	ractor or prospective state contractor? Yes anches No			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	03/26/23	\$100			
Last Name		Fi	rst		<u> </u>	MI	
Harris		T	yron				
Residential Street Address		City			State	Zip Code	
31 High St		East	Hartford		СТ	06118	
Principal Occupation	-		Name of Employer				
HR East Hartford							
or dependent child of a lobbyist?   No					ount of Contribution		
this contribution associated with an vent reported in Section L1?  Yes No Ves Is contributor a principal of a state contractor or prospective state contractor?  Yes Ves Ves Is contributor a principal of a state contractor or prospective state contractor?  Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V							
Method of Contribution:	t		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Can	rd Payroll Deduction OMoney	Order	03/26/23	\$25			
Last Name		Fi	rst		<u> </u>	MI	
Little		P	eter				
Residential Street Address		City			State	Zip Code	
42 Kenmore Rd		Bloo	mfield		СТ	06002	
Principal Occupation			Name of Employer				
Consultant			Self-employed				
or contributor a lobbyist, spouse, redependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No No \$\frac{1}{5}\$				ount of Contribution 5			
s this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches							
If yes, list Event #	of government the contrac	t is wit	Date Received	O Legislative Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Care	rd OPayroll Deduction OMoney	Order	1	\$125			
SUBTOTAL Section B — This Page \$250							
TOTAL of additional Section B Pages \$3043							
TOTALOPAL	The second secon		The state of the set o	Company Compan			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$3293							

### Section B ADDITIONAL PAGE 11 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Alex for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
B. Itemized C	ontribu	tions from Indivi	duals			
Last Name	Firs	t		· · · · · · · ·	MI	
Jurvetson	Ka	rla				
Residential Street Address	City			State	Zip Code	
350 Second St	Los Al	tos		CA	94022	
Principal Occupation		Name of Employer				
Physician		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Ves No Ve					unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes Is contributor a principal of a section by the section of government the contributor apprincipal of a section by the sect	anch or br	anches	OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	03/26/23	\$250			
Last Name	First			, , , ,	MI	
Schofer	Da	n				
Residential Street Address	City	,		State	Zip Code	
34 Wilton Rd	Winds	or		CT	06095	
Principal Occupation Name of Employer						
Software Engineer Mission Lane						
(is contributor a lobbyist, spouse, or dependent child of a lobbyist? No					unt of Contribution	
	a principal of a state contractor or prospective state contractor?  Yes icate which branch or branches					
Method of Contribution:  Date Received Aggregate Contributions						
OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order 03/27/23 \$100						
Last Name	Pirs				MI	
Edgerton Brett						
Residential Street Address	City			State	Zip Code	
1 Gold St	Hartfo	ord	ŀ	CT	06103	
Principal Occupation	<u> </u>	Name of Employer			<u> </u>	
Social Media Director		ESPN				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Order than \$5,000?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	pendent child of a lobbyist? 💽 No 🛘 does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which brof government the contribution of government the contribution associated with an event reported in Section L1?	anch or br	anches	ate contractor? SYes			
Method of Contribution;		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	03/27/23	\$10			
SUBTOTAL Section B — This Page \$360						
TOTAL of additional Section B Pages \$2933						
TOTAL OF ALL CONTRIBUTIONS FRO					<del></del>	
(Enter total on Line 13, Column A of Summary Page Totals)						

## Section B ADDITIONAL PAGE 12 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Alex for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	and the second section of	nis Period ONLY OTAL SECTION A	\$			
					•••	
B. Itemized C	ontrib	outions from Indivi	duals			
Last Name	1	irst			MI	
Fredlund	Ji	ason				
Residential Street Address	City			State	Zip Code	
54 New Park Ave	Hartl	ford		СТ	06106	
Principal Occupation		Name of Employer				
Consultant		Self-employed (DB/	A: Jason Fredlund)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  Yes one 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 ONo \$100						
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.	ranch or	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	03/27/23	\$100			
Last Name	Fi	irst			MI	
Wong	Т	ravis				
Residential Street Address	City			State	Zip Code	
30 Westview Terrace	Unio	onville		СТ	06085	
Principal Occupation	<u> </u>	Name of Employer		•		
Software Engineer		Expedia				
	child of a lobbyist? ON does contributor or business he/she is associated with have a contract with said municipality					
event reported in Section L1?						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 03/27/23 \$1000						
Last Name	F	irst	1		MI	
Brown	E	Eddie				
Residential Street Address	City			State	Zip Code	
129 Coolidge St	Hart	ford		СТ	06106	
Principal Occupation		Name of Employer				
School district personnel		Hartford Public Sch	nools			
Is contributor a tobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Ves Valued at more than \$5,000?			ract with said municipality			
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes					
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash Personal Check OCredit/Debit Card Payroll Deduction OMor	ncy Order	r 03/28/23	\$100			
SUBTOTAL Section B — This Page \$1200						
The second secon			Page Age Age Age Age Age Age Age Age Age A	·		
And the second s		additional Section B				
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections olumn A of Summary Page				