## **SEEC FORM 20**

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

2023 JUL 10 PM 3: 02 Do Not Mark in This Space For Official Use Only

Page

of 60

COVER PAGE

1. NAME OF COMMITTEE							
		361150110011001100					
Sierra for Treasurer 2023							
2. TREASURER NAME							
First		МІ	Last			Suffix	
Martin			Alvarenga				
3. TREASURER ADDRESS						100 100 100 100 100 100 100 100 100 170	
Street Address		C	Sity			State	Zip Code
135 Bartholomew Ave		Har	rtford			СТ	06016
4. ELECTION/REFERENDUM DATE	5. OFFICE SOI	UGHT (C	omplete only if Can	lidate Committee)	6. DISTRICT NUM	BER	9.4.3.3
(mm/dd/yyyy)					(if applicable)		
11/07/2023	Treasurer				D		
7. CANDIDATE NAME (Complete on	ly if Candidate or Exp	oloratory Co	ommittee)				
First		MI	Last			Suffix	
Carmen			Sierra			<u> </u>	
8. TYPE OF REPORT (Check One I	3ox)	5 78 18 18 18 C					
January 10 filing	7th day preceding	primary	7th day	preceding referendum			sbursement
April 10 filing	30 days following	primary	45 day	s following referendun	n — (PACs ONL)	r)	
✓ July 10 filing	7th day preceding	election	Deficit		Amendment to	o	
October 10 filing	12th day preceding	g election	Termin	ation	Type of Repor	t:	
24 Hour Independent Expenditure	(State Čentral Com						
Primary Election	45 days following held in November	election not	t				
	noid in 1404cmber						
9. PERIOD COVERED							70 50 50 50 50
_							
Be	eginning Date			Ending Date			
04	/01/2023		thru	06/30/2023			
10. CERTIFICATION		45 (50) (43) (50)					
		were representation and transmit states				<u> </u>	
I hereby certify and state, under p							
Campaign Finance Disclosure S	tatement for the	period co	vered is true, acc	curate and complete	te.		
	and the second						
-	/ / /						
0 11	Lammar			61	_	07/40	/2022
2 4 6 6	<u> </u>			artin Alvarenga			/2023
TREASURER OR DEPUTY TREASU	RER (SIGNATURE)		PRINT NA	AME OF SIGNER	]	OATE (mm	ı/dd/yyyy)
A person who is fou	nd to have knowing	gly and wil	llfully violated an	provisions of the c	campaign finance		
,			alty or imprisonm		VG A		

# **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page

of

60

# SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Sierra for Treasurer 2023	TYPE OF REPORT		
Sierra for Treasurer 2023	July 10 filing  COLUMN A COLUMN		
	This Period	Aggregate	
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00	
12. Balance on hand at the beginning of Reporting Period	\$28,209.45		
13. Contributions received from Individuals (Section A and B)	\$16,110.00	\$43,156.00	
14. Receipts from Other Committees (Sections C1 and C2)	\$375.00	\$375.00	
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed			
16c, Total Purchases of Advertising - Program Book or Sign (Section L3)	\$1,100.00	\$3,350.00	
17. Total Monetary Receipts (add totals for lines 13-16c)	\$17,585.00	\$46,881.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$45,794.45	\$46,881.00	
19. Expenditures Paid by Committee (Section P)	\$4,219.11	\$4,955.66	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$41,575.34	\$41,925.34	
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00	
23. In-kind Contributions Received (Section M)	\$0.00	\$185.00	
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00	
25. Loan Balance	\$0.00		
25a. + Loans Received (Section D)	\$0.00	\$0.00	
25b. + Interest and Penalties on Loan	\$0.00	\$0.00	
25c Payments on Loan	\$0.00	\$0.00	
25d. Total Outstanding Loan Amount	\$0.00		
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00	
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$1237.60		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$2342.87		

SEEC FORM	20
Revised January	2015

Page	3	of	60

NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023						July 10 filing			
A. Total Contributions from S	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mali Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First		- 4-10-10-10-10-10-10-10-10-10-10-10-10-10-		TOTAL CONTRACTOR OF THE STATE O	M.I.
Acosta				Olg	a				М
Residential Street Address			City				State	Zip Code	
6 Munnisunk Dr		**************************************	Simsbu	ry			CT	06070-1	212
Principal Occupation Realtor				Name Self	of Employer				
Nealtor			<u>,</u>	Oeli				•••	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	res			\$50.00
If yes, list Event#	✓ No	branches of government the contract is with:	_	ecutiv	eLegisla	tive No			
Method of contribution: Cash Personal Check	Crcdit/Debit	Card Payroll Deduction	Money Ord	ег	Date Received 06/24/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Aina				Ola	leye				i
Residential Street Address			City				State	Zip Code	
2 Brooke St			Bloomfi				СТ	06002-2	711
Principal Occupation Consultant					of Employer ert Half				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	Yes Yes			\$100.00
If yes, list Event #	✓ No	If yes, indicate which branch o branches of government the contract is with:		ecutiv	e Legisla	√ No			Ψ100.00
Method of contribution:			<u> </u>		Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	er	06/26/2023	\$100.00			
Last Name				First					M,I.
Arciniegas				Ism	nael				
Residential Street Address			City				State	Zip Code	
929 N Colony Rd, Unit 2	<del>-</del>		Merider				СТ	06450-2	359
Principal Occupation business analysis				mido	of Employer Cap				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$50.00
If yes, list Event#	No	If yes, indicate which branch o branches of government the	_	ecutiv	e Legisla	.tive			φυσ.συ
Method of contribution:		contract is with:		. J	Date Received	Aggregate contributions			
Cash Personal Check	Credit/Debit	t Card Payroll Deduction	Money Ord	ler	06/30/2023	\$150.00			

\$200.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 4 of 60

NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023	The same of the sa				July 10 filing		V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Cont				Subtotal Section A				\$0.00
	B. Itemized C	ontribut	ions f	rom Individuals				
Last Name			First			24 14 17 4 14 14 14 14 14 14 14 14 14 14 14 14 1	. 144 2 74 4 77 4 77 4 44 7 4 4 4 4 4 4 4 4	M.I,
Alers	•		Ada	a				
Residential Street Address		City				State	Zip Code	
111 Pearl St, Apt 513W		Hartford	Ŀ			СТ	06103-2	2454
Principal Occupation	·		Name	of Employer		l		
Domestic Violence	•		Inter	val House				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062223a	Is contributor a principal of a state If yes, indicate which branch or branches of government the	· _	or pros	_	∐ Yes ✓ No			\$250.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debi	contract is with:	Money Ord		Date Received 06/22/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
Arce			Ang	gel				
Residential Street Address		City				State	Zip Code	
35 Hughes St		Hartford	t			СТ	06106-4	730
Principal Occupation Indianapolis IN				of Employer ht Trans				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  No. 7, 17, 17, 16, 22, 23, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	t?			\$60.00
If yes, list Event # 062223a	branches of government the contract is with:	Ex	ecutiv	eLegisla	ative V			
Method of contribution; Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/22/2023	Aggregate contributions \$60.00			
Last Name			First	<u> </u>				M,I,
Aponte-Garcia			Ale	xandra				
Residential Street Address		City				State	Zip Code	
358 Alexander Rd		New Br				СТ	06053-1	1056
Principal Occupation School Counselor			i	of Employer OOI District of Nev	v Britain			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	∐ Y es			\$20.00
If yes, list Event#	branches of government the contract is with:	Ex	ecutiv	eLegisla	ative  No			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 05/05/2023	Aggregate contributions \$45.00			

\$330.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Page 5 of 60

bauza mildred  Residential Street Address  55 Wickliffe Cir  Principal Occupation  Attorney  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an   Name of Employer  State of CT -OAG  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  Amount of Contributor or prospective state contractor?	
Subtotal Section A	M.I. 29 oution
Last Name bauza  Residential Street Address State Zip Code State CT O6606-19  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an ovent reported in Section L1?  Yes If contributor a principal of a state contractor?  Yes Yes  Yes  Yes  Yes  Yes	29 oution
bauza  Residential Street Address  State   City   Bridgeport   CT   06606-19  Principal Occupation   Attorney   State of CT -OAG    Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   V   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No   Amount of Contribution associated with an ovent reported in Section L1?   Yes   If yes indicate which branch or   Yes   Yes	29 oution
Residential Street Address  55 Wickliffe Cir  Principal Occupation Attorney  State of CT -OAG  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L17  Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	ution
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Scotion L17  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a lobbyist?  If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Scotion L17  If yes, indicate which branch or	ution
Principal Occupation Attorney    Name of Employer   State of CT -OAG	ution
Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Yes  If yes indicate which branch or	
dependent child of a lobbyist?  In municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or	
event reported in Section L17 Yes   If yes, indicate which branch or	00.00
If yes, list Event # Executive Legislative  Method of contribution:  Cash Personal Check Card Payroll Deduction Money Order  Date Received O6/29/2023 \$100.00	
Last Name First	M.I.
Bazzano John	
Residential Street Address City State Zip Code	
96 Hubbard Rd Hartford CT 06114-28	38
Principal Occupation Name of Employer Retired Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes	ution
Tryes, indicate winds transit of	100.00
If yes, list Event # 062223a branches of government the contract is with: Executive Legislative	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/22/2023 \$100.00	
Last Name First	M.I.
Avallone Vincent	
Residential Street Address City State Zip Code	
1 Ashford Ct Wallingford CT 06492-52	)7
Principal Occupation  Retired  Name of Employer  Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No	ution
No hanches of overment the	100.00
Contract is with:	
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order  Date Received 06/27/2023  Aggregate contributions \$200.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

SEEC FORM	20
Revised January	2015

Page	6	of	60

NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023						July 10 filing			
A. Total Contributions from S	mall Cor	tributors - Received this	Period O	NLY					_
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
	1 53 maga (200 )	B. Itemized C	ontributi	ons f	rom Individuals		430000000000000000000000000000000000000		
Last Name		DATE OF THE PROPERTY OF THE PR		Firs	İ				M.I.
Arroyo				Ма	rlene				
Residential Street Address			City				State	Zip Code	
149 East St	····		New Bri			and the second s	СТ	06051-3	3644
Principal Occupation Rn					of Employer stonbury health ca	are center			
	1 132								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	res			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Exc	ecutiv	e Legisla	ative  VNo			
Method of contribution:  Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 05/05/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Banjac				Ljii	ana				
Residential Street Address	····		City				State	Zip Code	
382 Franklin Ave			Hartford				СТ	06114-2	2515
Principal Occupation Teacher					of Employer ford Public Schoo	ols			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business t				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L17	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pro:	spective state contractor	∐ r es			\$50.00
If yes, list Event#	✓No	branches of government the contract is with:	Exc	ecutiv	e Legisl	☑ No ative			
Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	ег	Date Received 05/10/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Ashe				Pe	ter				
Residential Street Address			City	_L			State	Zip Code	1744
57 Shannon Rd			East Ha				СТ	06118-1	1/44
Principal Occupation Teacher				t	e of Employer Ichester Boe				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	✓ Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pro	spective state contractor	r? Yes			\$50.00
If yes, list Event # 062223a	No	branches of government the contract is with:		ecutiv	e Legisl	<b>✓</b> No ative			
Method of contribution;  ✓ Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 06/22/2023	Aggregate contributions \$50.00	1		

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

Page 7 of

60

NAME OF COMMITTEE (Provi	ide Comple	te Name as Registered with Fi	ling Reposi	itory)			TYPE OF REPORT			
Sierra for Treasurer 2023							July 10 filing			2000 mm m m m m m m m m m m m m m m m m
A. Total Contributions from S (See instructions for definition of S			Period O	NLY	Subtotal S	Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Indiv	riduals				
Last Name				First			Connormalista de la contraction de la contractio	April Dalle Balletin		M.I.
Barela				Ker	neth					
Residential Street Address			City	<u>.                                    </u>				State	Zip Code	<u> </u>
1212 Main St, Apt 510			Hartford	ł				СТ	06103-1	1273
Principal Occupation CEO					of Employer anic Heal		cil			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more th	or business l			with have		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062223a	✓ Yes No	Is contributor a principal of a stat  If yes, indicate which branch or  branches of government the	_			_	∐ res ✓No			\$25.00
Method of contribution:  Cash Personal Check ✓	Credit/Debit	contract is with:  Card Payroll Deduction	Money Ord	ecutive er	Date Recei		Aggregate contributions \$25.00			
Last Name				First						M,I,
Aresimowicz				Jos	eph					
Residential Street Address			City					State	Zip Code	
261 E Haddam Colchester Tp	oke		East Ha					СТ	06423-1	1000
Principal Occupation  Lobbyist					of Employer ney Benne					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business I			with have		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a stat  If yes, indicate which branch or  branches of government the				contractor	? ☐Yes ✓ No			\$100.00
If yes, list Event#		contract is with:	Ex	ecutiv	e [	Legisla	ntive			
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Recei 06/29/20		Aggregate contributions \$100.00			
Last Name				First						M.I.
Beauchamp				Hat	tie					
Residential Street Address 1885 NW 79th Ter			City Pembro					State FL	Zip Code 33024-3	3677
Principal Occupation Retired				Name Retir	of Employer ed	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l			with have		Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a stat  If yes, indicate which branch or		or pros	pective state	contractor	? ☐Yes ☑No			\$50.00
If yes, list Event #	- 1.40	branches of government the contract is with:	☐ Ex	ecutiv	e [	Legisla	ntive VINO			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Recei 05/18/20		Aggregate contributions \$150.00			

\$175.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 8 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ions fr	om Individuals				
Last Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First					M.I.
Berry		Evel	lyn				
Residential Street Address	City	<u>.                                      </u>			State	Zip Code	l
665 Saratoga Rd, Apt 342	Gansev	oort/			NY	12831-1	683
Principal Occupation Consultant			of Employer				
		Self	Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Ves  VNo  Is contributor a principal of a stat  If yes, indicate which branch o branches of government the		or prosp	ective state contractor	?			\$150.00
If yes, list Event # branches of government the contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution:  ☐ Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/25/2023	Aggregate contributions \$250.00			
Last Name		First					M.I,
Bermudez		Ped	го				
Residential Street Address	City				State	Zip Code	I
64 Van Block Ave	Hartford				СТ	06106-2	2831
Principal Occupation professor		1	of Employer Eyan university				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contribution.	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state of the section L1?  If yes, indicate which branch of the section of the section L1?		or prosp	ective state contractor	Yes			\$50.00
If yes, list Event # branches of government the contract is with:	_	ecutive	Legisla	tive No			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ег	Date Received 06/24/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Cloud		Chri	s				
Residential Street Address	City				State	Zip Code	
25 Mountain Spring Rd	Farming				СТ	06032-1	612
Principal Occupation  Consultant		1	of Employer ultant				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of municipality does contributor municipality valued at more the specific contribution is in excess of municipality valued at more the specific contribution.	or business l	he/she is			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state event reported in Section L1?		or prosp	ective state contractor	? Yes			\$250.00
If yes, list Event # 062223a No If yes, indicate which branch of branches of government the contract is with:	_	ecutive	Legisla	tive No			Ψ200.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/22/2023	Aggregate contributions \$250.00			
			·		•		

\$450.0	SUBTOTAL Section B - This Page
\$16,110.0	TOTAL of Section B Pages
\$16,110.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

Page	9	of	60
1 11 EV	,	O.	00

NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023					**************************************	July 10 filing			
A. Total Contributions from S (See instructions for definition of S			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First			J.,		M,I,
Bello				Deli	la				
Residential Street Address	-		City				State	Zip Code	
PO Box 343097			Cayey				PR	00737	
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the	r			∐ Yes ☑No			\$150.00
Method of contribution:  Cash Personal Check	Credit/Debi	contract is with:		ecutive er	Date Received 05/16/2023	Aggregate contributions \$150.00			
Last Name				First		-		······································	M.I.
Carrero				Ros	a				
Residential Street Address			City				State	Zip Code	
30 Mckenna Dr			Middleto	own			CT	06457-4	1013
Principal Occupation Retired					of Employer munity renewal to	eam			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat  If yes, indicate which branch of		or pros	pective state contractor	res			\$50.00
If yes, list Event#	✓ No	branches of government the contract is with:	Exc	ecutive	e	ative No			
Method of contribution:  Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde		Date Received 06/29/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Berger				Mito	chell				
Residential Street Address			City		_	;	State	Zip Code	
325 N Gordon Rd			Ft Laud				FL	33301-	3775
Principal Occupation Co-Chair					of Employer er Singerman, LL	P			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat  If yes, indicate which branch of branches of government the		or pros	pective state contractor	?			\$250.00
If yes, list Event #		contract is with:	☐ Exe	ecutive	E Legisla	ative [*]			
Mcthod of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Orde	ег	Date Received 05/30/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page \$450.00	
TOTAL of Section B Pages \$16,110.00	
ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$16,110.00  (Enter total on Line 13, Column A of Summary Page	TOTAL

SEEC FORM	20
Revised January	2015

Page	10	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Sierra for Treasurer 2023	·	·				July 10 filing			
A. Total Contributions from S	mall Cor	tributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			***************************************	First			A. 100 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -		M,I,
Casares				Edi	die				
Residential Street Address			City				State	Zip Code	
78 Roger St			Hartford				СТ	06106-4	348
Principal Occupation Retired					of Employer mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	∐Yes ✓No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	· _	or pros ecutiv	_	∐ res √No			\$100.00
Method of contribution:  Cash Personal Check	Credit/Debit	contract is with:			Date Received 05/31/2023	Aggregate contributions \$100.00			
Last Name		<del></del>		Firs					M.I.
Caamano				Os	car				
Residential Street Address			City	1			State	Zip Code	1500
221 Trumbull St, Apt 3008 Principal Occupation			Hartford		of Employer		СТ	06103-1	526
Self enployed, restaurant owr	ner				allp y el coqui				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	✓ Yes No	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	? ☐Yes ☑No			\$50.00
If yes, list Event # 062223a		branches of government the contract is with:	Ex	ecutiv	e Legisl	ative VINO			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	ег	Date Received 06/22/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M.I.
Beyard				Ka	ren				
Residential Street Address			City	15			State	Zip Code	1740
57 Lexington Rd			West H				СТ	06119-1	1748
Principal Occupation Retired Ccsu Exec and Profes	ssor			Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes  ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	∐Yes ✓No	Is contributor a principal of a stat  If yes, indicate which branch or  branches of government the	r	_	-	∐ res ✓No			\$250.00
If yes, list Event#		contract is with;	∐Ex	ecutiv		ative	-		
Method of contribution:  Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$250.00			

\$400.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC:	FORM	20
Revised	January	2015

age	11	of	60
ago	11	O1	00

NAME OF COMMITTEE (Provide	e Complet	e Name as Registered with Fi	ling Repos	itory)			TYPE OF REPORT			
Sierra for Treasurer 2023					~~···		July 10 filing			
A. Total Contributions from Sn (See instructions for definition of Sm			Period O	NLY	Subtota	l Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Ind	ividuals				
Last Name		THE STATE OF THE S		First		***************************************		<del></del>		M.I.
Chiaramonte				Fra	nk					
Residential Street Address		and the control of th	City					State	Zip Code	
131 Burlington Rd			Harwint	on				СТ	06791-2	2025
Principal Occupation retired				Name retire	of Employ ed	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ☑No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l		s associate			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the	·			_	∐ res ✓ No			\$50.00
Method of contribution:  Cash Personal Check CC	redit/Debit	contract is with:		ecutive er	Date Re 06/24/		Aggregate contributions \$50.00			
Last Name			-	First			400,00	l		M.I.
Clifford				Mik						
Residential Street Address			City					State	Zip Code	
51 Treeborough Dr			West H					CT	06117-3	3048
Principal Occupation General Contractor					of Employ Builder					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l		s associate			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	]Yes ✓No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the					∐ res ✓No			\$100.00
If yes, list Event#		contract is with:	Ex	ecutive		Legisla				
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Co	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Re 06/24/		Aggregate contributions \$100.00			
Last Name				First						M.I.
Claudio-Marrero				Ana	ì					
Residential Street Address			City					State	Zip Code	
59 Chipper Dr			East Ha					СТ	06108-2	2708
Principal Occupation Retired				Name Retir	of Employ ed	er .				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ☑No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l		s associate			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the contract is with:	r	or pros		te contractor	∐ res ☑No			\$100.00
Method of contribution:		COMMENTS WITH			Date Re		Aggregate contributions	4		
Cash Personal Check CC	redit/Debit	Card Payroll Deduction	Money Ord	er	06/29/		\$100.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$16,110.00

SEEC	FORM	20
Revise	l January	2015

		_	
'age	12	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Sierra for Treasurer 2023						July 10 filing			
A. Total Contributions from Smal	ll Contri	butors - Received this	Period O	NLY					
(See instructions for definition of Small	l Contribu	itor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name				First					M,I,
Cloud, Jr				Ada	am				
Residential Street Address			City				State	Zip Code	
86 Bloomfield Ave			Hartford				СТ	06105-1	006
Principal Occupation				Name	of Employer				
Caddy	Ty	L							
dependent shild of a labbruist?	]Yes ]No	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Contr	ribution
Is this contribution associated with an event reported in Section L1?	res (	contributor a principal of a state		or pros	pective state contractor?	Yes			\$250.00
If yes, list Event #	No t	f yes, indicate which branch or branches of government the contract is with:		ecutive	e [] Legislat	tive No			Ψ200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi	it/Debit Car	rd Payroll Deduction	Money Orde	ег	Date Received 06/30/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Carrasco				Ism	ael				
Residential Street Address			City				State	Zip Code	
86 Nilan St		<u></u>	Hartford			· .	СТ	06106-3	3/44
Principal Occupation Retired				Retir	of Employer ed				
James James 1, 11 J. of a Jahlania 19	Yes No	If contribution is in excess of a municipality does contributor municipality valued at more the	or business b				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	i es	contributor a principal of a stat		or pros	pective state contractor?	Yes			\$75.00
If yes, list Event #	No E	If yes, indicate which branch or branches of government the contract is with:		ecutive	e ∐Legisla	tive No			Ψ1 0.00
Method of contribution:  Cash Personal Check Credi	it/Debit Car	rd Payroll Deduction	Money Orde	er	Date Received 06/30/2023	Aggregate contributions \$75.00			
Last Name				First					M.I.
Bergenn				Sus	san				
Residential Street Address		·	City				State	Zip Code	
50 Castlewood Rd			West Ha				СТ	06107-2	2903
Principal Occupation Retired				Name Retir	of Employer ed				
4444-0-1-1-1-1-1-1-1-1-1-1-1-1-	Yes No	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or				\$150.00					
If yes, list Event#		oranches of government the contract is with:	Ex	ecutive	e Legisla	tive No			
Method of contribution: Cash Personal Check Credi	it/Debit Ca	rd Payroll Deduction	Money Ord	ег	Date Received 06/29/2023	Aggregate contributions \$150.00			

\$475.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

		_	
age	13	of	60

NAME OF COMMITTEE (Provide C	Complete 1	Name as Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023 July 10 filing									
A. Total Contributions from Sma	all Contr	ibutors - Received this	Period O	NLY		11 . 1011001			
(See instructions for definition of Smal	ll Contrib	utor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name				First		,,,,,,,, .			M,I,
Comer				And	Irea				
Residential Street Address			City				State	Zip Code	
1 Linden Pl, Apt 203			Hartford				CT	06106-1	744
Principal Occupation Chief of Staff					of Employer of CT				
dependent shild of a labbuist?	_Yes ∕No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
event reported in Section L17	res	contributor a principal of a state If yes, indicate which branch or branches of government the	_		_	∐ res √No			\$100.00
Method of contribution:		contract is with:		ecutive	Legisla  Date Received	Aggregate contributions			
Cash Personal Check 🗸 Cree	dit/Debit Ca	rd Payroll Deduction	Money Orde	er	06/28/2023	\$100.00			
Last Name				First					M.I.
Draghi				Gar	у				
Residential Street Address			City	- ,			State	Zip Code	222
4 Patricks Ct			Walling		A		СТ	06492-2	692
Principal Occupation Director					of Employer of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_Yes ∕No	If contribution is in excess of a municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ibution
event reported in Section 1.17	lies	contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor?	□ i es			\$100.00
If yes, list Event # 062223a		branches of government the contract is with:	Ex	ecutive	eLegisla	tive No			
Method of contribution:  ☐ Cash Personal Check ✓ Cree	dit/Debit Ca	rd Payroll Deduction	Мовеу Orde	ег	Date Received 06/22/2023	Aggregate contributions \$100.00			
Last Name		·		First					M.I.
Healis				Ant	hony				
Residential Street Address			City				State	Zip Code	
11 Ashley Rd			Windso		AT 1		CT	06095-3	3420
Principal Occupation Real Estate Developer					of Employer Cloud Company,	LLC			-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
event reported in Section E17	J res	contributor a principal of a stat		or pros	pective state contractor	Yes ✓ No			\$250.00
If yes, list Event # 0022200		branches of government the contract is with:	Ex	ecutiv		tive			
Method of contribution:  Cash ✓ Personal Check Cree	dit/Debit Ca	ard Payroll Deduction	Money Ord	сг	Date Received 06/22/2023	Aggregate contributions \$250.00			

\$450.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 14 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023 July			July 10 filing		·		
A. Total Contributions from Small Contributors - Received this	s Period O	NLY				•	
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contribut	ions f	rom Individuals				
Last Name		First	-				M.I.
Herboldt		Gin	a				
Residential Street Address	City				State	Zip Code	
228 Goodrich St	Hartford		Ch. I		CT	06114-2	2833
Principal Occupation Retired		Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess o municipality does contribute municipality valued at more	or or business				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062223a  Is contributor a principal of a standard reported in Section L1?  If yes, list Event # 062223a  If yes, list Event # 062223a	or	_		∐ Yes ✓No			\$100.00
Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction		ecutiv	e Legisla Date Received 06/22/2023	Aggregate contributions \$180.00			
Last Name		First			·		M,I.
Harrington		Ant	hony				
Residential Street Address	City				State	Zip Code	•
3 Boysen Dr	Bloomfi				СТ	06002-1	146
Principal Occupation Business Services Representative		EDS	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch branches of government the		or pros	pective state contractor	Yes  No			\$50.00
If yes, list Event # VNO branches of government the contract is with:	Ex	ecutiv	e Legisla	tive V 140			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Garcia		Arie	əl				
Residential Street Address	City		***************************************		State	Zip Code	
108 Wildwood Rd	Wether		P32 1		СТ	06109-3	3567
Principal Occupation Banker		1	of Employer Bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess o municipality does contribute municipality valued at more	or or business	he/she			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch branches of government the	or	•	_	∐ Yes ✓No			\$50.00
It yes, list Event # contract is with:	Ех	ecutiv		itive			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 06/24/2023	Aggregate contributions \$50.00			

\$200.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 15 of 60

See instructions from Small Contributions - Received this Period ONLY See instructions for definition of Small Contribution  B. Itemized Contributions Final  Cornulated  B. Itemized Contributions Final  Fernando  State Name  Cornulated  Cornulated  Redictional State Address  Condo Coral Beach 71 5869 Ave Isla Verdo, Apt  Carolina  Redictional State Address  Condo Coral Beach 71 5869 Ave Isla Verdo, Apt  Yes  If contribution is in excess of \$400 to a caudidate committee for a chief executive officer of a contract with and municipality does centribute or principal of a state contractor or prospective states contractors  Tyes, indicate which beauch or branches or seed of \$400 to a caudidate committee for a chief executive officer of a contract with and contract is with:  Well-back of countributions  Gloridano  Redictional Street Address  Method of countribution  Cash   Premonal Check   Credit/Debit Card   Payroll Deduction   Money Order   Off30/2/0223   Aggregate contributions  Gloridano  Redictional Street Address  Redictional Street Address  State   City   Contribution   City   Contribution   City	NAME OF COMMITTEE (Providence)	le Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			50-150-01
Subtroitions for definition of Small Contributory   Subtroital Section	Sierra for Treasurer 2023						July 10 filing			
Last Name   First   Fernando	A. Total Contributions from S	mall Co	ntributors - Received this	Period O	NLY					
Lest Name Glordano Redicted all Street Address Cornor   Preside of State   Preside of Cornor   Preside of	(See instructions for definition of Sr	nall Cont	ributor)			Subtotal Section A				\$0.00
Lest Name Glordano Redicted all Street Address Cornor   Preside of State   Preside of Cornor   Preside of			B. Itemized C	ontributi	ons fi	om Individuals	. <u> </u>			
Residential Street Address   Cord Cord Beach 17   5869   Ave Isla Verde, Apt   Carolina   Relifed	Last Name									M.I.
Recidential Sheet Address Condo Coral Beach T1 5869 Ave Isla Verde, Apt    Carolina	Comulada				Fer	nando				
Principal Occupation Redired	Residential Street Address		· · · · · · · · · · · · · · · · · · ·	City	L	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
Retired  Is southibutor a hobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an executive contractor or prospective state contractor?  If yes, list Event #  Monthald of contribution  If yes, ist Event #  Monthald of contribution associated with an executive contractor or prospective state contractor?  If yes, list Event #  Monthald of contribution associated with an executive contractor or prospective state contractor?  If yes, list Event #  Monthald of contribution is in executive   Executive   Legislative   No    Date Received   Aggregate contributions    Amount of Contribution    State   CRT    Amount of Contribution    State   Aggregate contributions    State   CRT    Date Received   Aggregate contributions    Date Received   Aggregate contributions    Amount of Contribution    State   CRT    State   CRT    Amount of Contribution    State   CRT    State   CRT    Amount of Contribution    State   CRT    Amount of Contribution    State   CRT    St	Condo Coral Beach T1 5869 A	ve Isla	Verde, Apt	Carolina	3			PR	00979	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business be/she is associated with have a contract with said municipality valued at more than \$5,000?	Principal Occupation									
Amount of Contribution and periodic with an entiricipally valued at more than \$\$5.007	Retired				Retir	ed				
If yes, indicate which branch or branches of government the contract is with:	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ibution
Contribution   Date Receive   Date			· · · · · · · · · · · · · · · · · · ·		or pros	pective state contractor	∐ Y es			\$100.00
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   06/30/2023   \$100.00	If yes, list Event #	<b>√</b> No		Exc	ecutive		ative			
Residential Street Address 18 Mcnulty Dr Principal Occupation Director   Secontributor a lobbyist, spouse, or dependent child of a lobbyist?		Credit/Debit	Card Payroll Deduction	Money Orde	ст					
Residential Street Address  18 Mcnulty Dr  Principal Occupation  Director  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor associated with an event reported in Section L1?  If yes, list Event # 033023a  No  City New Milford  Name of Employer CRT  CRT  If contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 033023a  No  If yes, list Event # 033023a  No  City Migdalia  Residential Street Address  31 High St, Apt 10102  First Name  Cruz  Residential Street Address  31 High St, Apt 10102  Finding IO Coupation  Retired  Name of Employer  Retired  Name of Employer  No  State  Amount of Contribution  Amount of Contribution  State Contribution  Amount of Contribution  Date Received  Od/10/1/2023  \$100.00  Amount of Contribution  Date Received  Od/10/1/2023  \$100.00  Amount of Contribution  MI.  Migdalia  Residential Street Address  31 High St, Apt 10102  Fast Hartford  State  City  East Hartford  State  City  East Hartford  Amount of Contribution  Od/10/1/2023  Amount of Contribution  MI.  Amount of Contribution  Amount of Contribution  Od/10/1/2023  \$100.00  Amount of Contribution  Amount of Contribution  Od/10/1/2023  \$100.00  Amount of Contribution  Od/10/1/2023  \$100.00  Amount of Contribution  Amount of Contribution of Contrib	Last Name				First					M.I.
New Milford	Giordano				Les	lie				
Principal Cocupation Director    Scontributor a lobbyist, spouse, or dependent child of a lobbyist. Spouse, or dependent child of a lobbyist, spouse, or lyes, list sevent #    Static child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or lyes avent reported in Section L1?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business belos is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No	Residential Street Address			, ,					1 -	
Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   No   No   No   No   No   No   No   N	18 Monulty Dr			New Mi				СТ	06776-2	039
dependent child of a lobbyist?	· · · · · · · · · · · · · · · · · ·					of Employer				
State   Stat	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ibution
Method of contribution:	Is this contribution associated with an event reported in Section L1?				or pros	pective state contractor	[_] 1 cs			\$100.00
Cash Personal Check  Credit/Debit Card Payroll Deduction Money Order 04/01/2023 \$100.00  Last Name  Cruz  Migdalia  City  East Hartford  State Zip Code CT 06118-1878  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Date Received  Aggregate contributions  \$100.00  M.I.  Migdalia  M.I.  City  East Hartford  CT 06118-1878  Name of Employer Retired  Name of Employer Retired  Amount of Contribution  S25.00  S25.00  Method of contribution:  Date Received Aggregate contributions	If yes, list Event # 033023a	No		Exe	ecutive		ative			
Cruz  Residential Street Address 31 High St, Apt 10102  Principal Occupation Retired  Name of Employer Retired  Name of Employer Retired  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Method of contribution:  Migdalia  City East Hartford  Name of Employer Retired  Amount of Contribution  Amount of Contribution  \$25,000  \$25,000  Pes If yes, indicate which branch or branches of government the contract or prospective state contractor?  Yes If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions		redit/Debit	Card Payroll Deduction	Money Ord	er					
Residential Street Address 31 High St, Apt 10102  City East Hartford  Name of Employer Retired  Retired  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Date Received  Aggregate contributions	Last Name				First					M.I.
31 High St, Apt 10102  East Hartford  Name of Employer Retired    Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   V No   V   V   V   V   V   V   V   V   V	Cruz				Mig	dalia				
Principal Occupation Retired    Name of Employer Retired   Retired	Residential Street Address			!			1			
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Date Received   Aggregate contributions	31 High St, Apt 10102			East Ha				СТ	06118-1	878
dependent child of a lobbyist?    V   No	Principal Occupation Retired									
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		municipality does contributor	or business l		s associated with have	a contract with said	Amour	t of Conti	ibution
If yes, indicate which branch or branches of government the contract is with:    State   Contract	Is this contribution associated with an	Yes	• •		or pros	pective state contractor	7 Yes			<b>ቁ</b> ንፍ ሰሳ
Method of contribution:  Date Received Aggregate contributions		<b>✓</b> No	branches of government the		ecutive	e	✓No			φευ.υυ
	Method of contribution:									
	Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Ord	er	06/30/2023	\$25.00			

ection B - This Page \$225.00	SUBTOTAL Se
of Section B Pages \$16,110.00	TOTAL
`	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUAL (Enter total on Line 13, Column A

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Page	16	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ing Reposi	itory)			TYPE OF REPORT			
Sierra for Treasurer 2023	•				July 10 filing			
A. Total Contributions from Small Contributors - Received this F (See instructions for definition of Small Contributor)	Period O		Subtotal	Section A				\$0.00
B. Itemized Co	ontributi	ons fr	om Ind	ividuals				
Last Name		First						M,I.
Fernandez		Nilda	a					
Residential Street Address	City					State	Zip Code	
38 Theodore St	Newing	,		***		СТ	06111-3	3745
Principal Occupation Social Worker		1	of Employ In Healt					
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of sependent child of a lobbyist? No municipality does contributor of municipality valued at more that	r business l		associate			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  No No Is contributor a principal of a state If yes, indicate which branch or branches of government the	contractor	or prosp	cctive stat	e contractor	7			\$100.00
If yes, list Event # 033023a  branches of government the contract is with:	Ех	ecutive		Legisla	tive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Rec 04/01/		Aggregate contributions \$100.00			
Last Name		First						M.I,
Harlow		Mari	а					
Residential Street Address	City				·	State	Zip Code	1
6 Holly Ln	Walling	,	A- 1		,	СТ	06492-4	1723
Principal Occupation Executive Director		i	of Employ d Way		n and Wallingford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more that	or business l		associate			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which branch or branches of government the	contractor	or prosp	ective sta	te contractor	?			\$100.00
If yes, list Event # contract is with:	Ex	ecutive		Legisla	ative			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Rec 04/04/2	1	Aggregate contributions \$100.00	)		
Last Name		First						M.I.
Franco		Carr	nen					
Residential Street Address	City					State	Zip Code	
249 Newington Rd	West H					СТ	06110-2	2314
Principal Occupation Retired		Retire	of Employ ed	er				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$ dependent child of a lobbyist? If nunicipality does contributor of municipality valued at more the	or business l		associate			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:		or prosp		te contractor	∐ Yes ✓No			\$10.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Rec 05/14/	eived	Aggregate contributions	1		
					¥	1		

\$210.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page	17	of	60
1 460		O.	00

NAME OF COMMITTEE (Provide	e Complet	e Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			1733-32113-131
Sierra for Treasurer 2023			•			July 10 filing			
A. Total Contributions from Sm	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sm	all Contr	ibutor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		<u> </u>		First					M.I.
Cloud				Sar	ndy				
Residential Street Address			City	.1	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
795 Prospect Ave			West H	artfor	d		СТ	06105-4	234
Principal Occupation Lawyer/Real Estate					of Employer Cloud Company,	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the		or pros	•	∐ Yes ☑No			\$250.00
11 yes, list Event#		contract is with:	Ex	ecutiv		itive			
Method of contribution:  Cash Personal Check Cre	edit/Debit	Card Payroll Deduction	Money Ord	CF	Date Received 06/30/2023	Aggregate contributions \$250.00			
Last Name				First					M,I,
Garcia				Lia	na				
Residential Street Address			City				State	Zip Code	
39 Still Field Rd			Manche				СТ	06040-6	355
Principal Occupation Nonprofit executive					of Employer Community Foun	dation for Greater N	lew Hav	en	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the	r	-	_	∐ Yes ☑No			\$50.00
If yes, list Event #		contract is with:	Ex	ecutiv	eLegisla	itive			
Method of contribution: Cash Personal Check CC	edit/Debit	Card Payroll Deduction	Money Ord	ег	Date Received 05/05/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
DiNeno				Jan	et				
Residential Street Address			City				State	Zip Code	
681 Redstone Hill Rd			Bristol		C 27 1		CT	06010-7	986
Principal Occupation  Manager					of Employer Igon Medical				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$50.00
	No	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	eLegisła	 ✓No			ψυσ.υυ
Method of contribution:			_ <del></del> _		Date Received	Aggregate contributions			
Cash Personal Check Cr	edit/Debit	Card Payroll Deduction	Money Ord	er	05/13/2023	\$50.00			

\$350.0	SUBTOTAL Section B - This Page
\$16,110.0	TOTAL of Section B Pages
\$16,110.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 18 of 60

A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)  B. Hemized Contributions from Individuals    First	NAME OF COMMITTEE (Providence)	de Comple	te Name as Registered with Fi	ling Repos	itory)			TYPE OF REPORT			
Section   Sect	Sierra for Treasurer 2023	**** <u>-</u>	***************************************					July 10 filing			
Residential Street Address   City   Washington   State   Countribution   State   Countribution   State   City   Washington   State   City			Sussing San George (1984) and a line of the San	Period O		Subtot	ıl Section A		· · · · · · · · · · · · · · · · · · ·		\$0.00
Residential Street Address   Stephenic			B. Itemized C	ontributi	ions fr	om In	dividuals				
Related Street Address 3017 Dent Pl NW Principal Occupation Relified    Same of Employer Relified   Secontribution associated with an   Yes cover reported in Section L17   Secontribution   Section L17   Secontribution   Section L17   Section   Se	Last Name		<del>"                                    </del>	······································	First					,,,,,,,,	M.I.
Solid   Private   Solid   Pr	Foster				Step	ohenie					
Principal Occupation Register of dependent child of a lobbyist; spouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valeed at more than \$5,000 to   Yes   If contribution associated with a leave an excess of \$400 to a candidate committee for a chief executive officer of a municipality valeed at more than \$5,000 to   Yes   If yes, indicate which branche by the contribution associated with a leave an excess of \$400 to a candidate committee for a chief executive officer of a municipality valeed at more than \$5,000 to   Yes   If yes, indicate which branche by constract is with.   Yes   If yes, indicate which branche by constraint a lobytist, spouse, or dependent child of a lobbytist, spouse, or dependent child of a lobbytist.   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality whose the more than \$5,000 to a candidate committee for a chief executive officer of a municipality whose contributor or principal of a state contributor or principal of a state contributor or principal of a state contributor or prospective state contractor?   Yes   If contribution is in excess of \$400 to a candidate committee in the contract with said municipality whose contributor or principal of a state contributor or prospective state contractor?   Yes   If yes, indicate which branche by the contract which have a contract with said municipality whose contributor or principal of a state contributor or prospective state contractor?   Yes   If yes, indicate which branche by the contributor or principal of a state contributor or principal of a state c	Residential Street Address			City					State	Zip Code	
Reclired				Washin	gton				DC	20007-2	2916
Amount of English does contribution to business before is associated with have a contract with said numicipality whose at more thanks 7000?					F		үсг				
If yes, indicate which branch or branches of government the obstacle branches of government th			municipality does contributor	or business l	he/she is		cd with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution:   Cash   Personal Cheek   Credit/Debit Card   Payroll Deduction   Mouvy Order   Date Received   05/23/2023   \$250.00   \$250.00   \$   \$   \$   \$   \$   \$   \$   \$   \$	event reported in Section L1?		If yes, indicate which branch or branches of government the				_	∐ Yes ✓ No			\$250.00
Felfman  Residential Street Address 50 Beachfree Ln  Fincipal Occupation Executive    Secutive   Se		Credit/Debit				Date Re	ccived	Aggregate contributions			
Residential Street Address 50 Beechfree Ln    City   West Hartford   West Hartford   West Hartford	Last Name				First						M.I.
So Beachtree Ln  West Hartford    So Beachtree Ln	Feltman				Art						
Name of Employer   International Hartford	Residential Street Address	*****							State	Zip Code	
Executive				West H	artford	<u>i</u>			CT	06107-1	1001
State contribution associated with an with contract with said municipality valued at more than \$3,000?   Yes   No						•	•				
event reported in Section L1?		-	municipality does contributor	or business l	hc∕she is		ed with have	a contract with said	Amour	t of Cont	ribution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/04/2023 Aggregate contributions  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/04/2023 S250.00  Last Name Feltman  Residential Street Address 50 Beachtree Ln  Principal Occupation Executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is 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:  Date Received 06/04/2023  Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions  Aggregate contributions  Amount of Contribution with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions	event reported in Section L1?				or prosp	ective st	ate contractor	Y es			\$150.00
Cash	II yes, list Event#	✓ MO		Ex	ecutive			ative —			
Feltman  Residential Street Address 50 Beechtree Ln  Principal Occupation Executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Date Received  Aggregate contributions		Credit/Debit	Card Payroll Deduction	Money Ord	ler						
Residential Street Address 50 Beechtree Ln  Principal Occupation Executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  City West Hartford  Name of Employer International Hartford  Name of Employer International Hartford  Amount of Contribution  Figure 1  State Zip Code CT 06107-1001  Name of Employer International Hartford  Name of Employer International Hartford  State CT 06107-1001  Name of Employer International Hartford  Amount of Contribution  Figure 1  State Zip Code CT 06107-1001  Name of Employer International Hartford  Is contributor of a chief executive officer of 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  If yes, indicate which branch or branches of government the contract or prospective state contractor?  Yes  \$100.00  State Zip Code CT 06107-1001	Last Name				First						M,I,
So Beechtree Ln  Principal Occupation Executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Mest Hartford  West Hartford  Name of Employer International Hartford    Name of Employer   International Hartford	Feltman				Art						
Principal Occupation  Executive  International Hartford  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  International Hartford  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, lidicate which branch or branches of government the contract is with:    Executive					artford	1			E		Inn4
International Hartford  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Date Received Aggregate contributions				AAG2(1)			Vor	· · · ·	CI	00107-	1001
dependent child of a lobbyist?    Mo					1						
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Date Received Aggregate contributions			municipality does contributor	or business l	he/she is	associat	cd with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution:    Date Received   Aggregate contributions   Date Received   Aggregate contributions   Date Received   Aggregate contributions   Date Received   Date	event reported in Section L1?		If yes, indicate which branch or					∐ Yes ✓No			\$100.00
	11 yes, list Event#			Ex	ecutive			ative			
		Credit/Debit	Card Payroll Deduction	Money Ord	ler		1				

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

SEEC FORM	20
Revised January	2015

Page	19	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized C	ontributi	ons fr	om Individuals				
Last Name		First				·····	M.I.
Davis		Deb	orah				
Residential Street Address	City				State	Zip Code	
	Hartford	_			CT	06112	
Principal Occupation Program Administrator		Name MUA	of Employer				
*		IVIOA	V				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in	or business l				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  No  No  Is contributor a principal of a stat  If yes, indicate which branch o branches of government the		or prosp	pective state contract	or? ☐ Yes ☑No			\$100.00
11 yes, list Event # contract is with:	Ex-	ecutive	: Legis	slative			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 06/05/2023	Aggregate contributions \$100.00	)		
Last Name	••••	First					M.I.
Donnell		Brai	ndon				
Residential Street Address	City				State	Zip Code	
50 Morgan St	Hartford				СТ	06120-2	2907
Principal Occupation Engineer		ı	of Employer and Whitney				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality does contribution.	or business l				Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062223a  Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with.	r			∐ Yes ✓ No			\$150.00
contract is with:	Ex	ecutive		slative			
Mcthod of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/14/2023	Aggregate contributions \$150.00			
Last Name		First					M.I.
Gooden		Jera	ald				
Residential Street Address	City	***			State	Zip Code	
12227 Cullen Ct	Jacksor		CFI 1		FL	32224-3	3620
Principal Occupation Retired		Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amour	nt of Cont	ribution
event reported in Section I 19	reported in Section L1?    If yes, indicate which branch or branches of government the   V No   V No						\$100.00
Method of contribution:		1	Date Received	Aggregate contributions	-		
Cash Personal Check V Credit/Debit Card Payroll Deduction	Money Ord	ег	06/15/2023	\$100.00	1		

SUBTOTAL Section B - This Page \$350.0	
TOTAL of Section B Pages \$16,110.0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUAL'S (Sections A + B) \$16,110.0  (Enter total on Line 13, Column A of Summary Page	

SEEC FORM	20
Revised January	2015

Page	20	of	60
	200	01	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Sierra for Treasurer 2023						July 10 filing		<u>`</u>	
A. Total Contributions from St	nall Cont	ributors - Received this	Period O	NLY					
(See instructions for definition of Sr	nall Contril	butor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name		<u> </u>		First					M.I.
Figueroa				Naz	ario				J
Residential Street Address		•	City				State	Zip Code	
144 Hubbard Rd Hartford							СТ	06114-2	2838
Principal Occupation Armed Security Officer  Name of Employer Berlin Board of Education; CT									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	□Yes 1	is contributor a principal of a state  If yes, indicate which branch of  branches of government the	г		_	∐ i es ✓ No			\$250.00
It yes, list Event#		contract is with:	Ex	ecutive		ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ C	redit/Debit C	Card Payroll Deduction	Money Ord	ег	Date Received 06/17/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Figueroa				Eliz	abeth				
Residential Street Address			City				State	Zip Code	
144 Hubbard Rd			Hartford				CT 06114-2838		2838
Principal Occupation Executive Assistant					of Employer Aetna				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes 1 ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r		•	?			\$50.00
If yes, list Event#		contract is with:	Ex	ecutive		ative			
Method of contribution: Cash Personal Check ()	Credit/Debit C	Card Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Goldsby				Aig	ne				
Residential Street Address			City				State	Zip Code	
25 Carver Cir			Simsbu	,			СТ	06070-2	2019
Principal Occupation Attorney					of Employer k Esquire LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event#	_Yes □	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	т		<u></u>	∐ Tes ✓ No			\$30.00
	<u> </u>	contract is with:	Пвх	ecutive			1		
Method of contribution: Cash Personal Check	Credit/Debit C	Card Payroll Deduction	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$30.00			

\$330.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page	21	of	60

See instructions for definition of Small Contributors - Received this Period ONLY Subtotal Section A  B. Itemized Contributions B. Itemized Contributions First Kevin    First	NAME OF COMMITTEE (Provide Complete Name as Register	red with Filing R	epository)			TYPE OF REPORT	2		
Subtractions for definition of Small Contributors   Subtract   Section   M.	Sierra for Treasurer 2023					July 10 filing			
East Name   First   Rev/in   Revin	A. Total Contributions from Small Contributors - Rece (See instructions for definition of Small Contributor)	ived this Perio	d ONLY		Section A				\$0.00
Residential Street Address   City   Manchester   Manchester   City   Manchester   City	B.It	emized Contri	butions 1	from Indi	ividuals				
Residential Street Address   State   CT   06040-5634	Last Name		Firs	t		, , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M,I,
130 Highland St   Manchester	Cranford		Ke	vin					
Friend   Decognition   Second Polymer   Principal Occupation   Second Polymer   Principal Occupation   Second Polymer   Principal Occupation   Second Polymer   Principal Occupation	Residential Street Address					:	ı	1 -	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist; when the contributor of basic contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Mai					СТ	06040-	5634
Amount of a lobbyist   Power reported in Section L1?   Yes   If contribution is in excess of \$400 to a candidate committee for a clinical with an adopted of in Section L1?   Yes   If contribution is in excess of \$400 to a candidate committee for a clinic contributions associated with an event reported in Section L1?   Yes   Interest   Payroll Deduction   Money Order   Date Received   OR/23/2023   Regregate contributions   Payroll Deduction   Payroll Deduction   Money Order   OR/23/2023   Regregate contributions   Payroll Deduction   OR/23/2023   Regregate contributi			Name	e of Employ	er				
Second part	dependent child of a lobbyist? Monumer municipality does	contributor or busi	ness he/she	is associated	l with bave	a contract with said	Amoun	t of Cont	ribution
Method of contribution:   Clast   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Rathleen   Payroll Deduction   Money Order   Rathleen   Payroll Deduction   Money Order   Payroll Deduction   Payroll Deduction   Payroll Deduction   Payroll Deduction   Pay	event reported in Section L1?  If yes, indicate which is the sum of the section L1?  If yes, indicate which is the section L1?  If yes, indicate which is the section L1?	ich branch or	_	•	···	∐ Yes ✓No			\$25.00
Residential Street Address   City   Longs   City   Contributor   City   Contributor	Method of contribution:	eduction Mone		Date Rec	eived	Aggregate contributions			
Residential Street Address  59 S Park Ave    City   Longmeadow   Name of Employer   Robinson & Cole LLP	Last Name		Firs	ŧ					M.I.
So S Park Ave   Longmeadow   MA   O1106-1149	Dion		Ka	thleen					
Name of Employer   Robinson & Cole LLP		1 '							
Attorney   Robinson & Cole LLP    Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes dependent child of a lobbyist?   Yes   Yos municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   Yos	Lon					MA	01106-	1149	
Is this contribution associated with any contract with said municipality valued at more than \$5,000?   Yes   No			1						
event reported in Section L1?	dependent child of a lobbyist? municipality does	contributor or busi	ness he/she	is associated	i with have	a contract with said	Amoun	nt of Cont	ribution
Method of contribution: Cash Personal Check Condit/Debit Card Payroll Deduction Money Order Cash Personal Check Condit/Debit Card Payroll Deduction Money Order  First Candace  Residential Street Address 99 Wildflower Ln  Principal Occupation Attorney  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  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:  Date Received O6/28/2023  Aggregate contributions \$150.00  M.I.  Candace  Name of Employer Robinson & Cole LLP  Amount of Contribution of a contribution of a contract with said municipality valued at more than \$5,000?  Yes No  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions	event reported in Section L1?  If yes, indicate which branches of government #	ich branch or	_	·		∐ Yes ✓ No			\$150.00
Cunningham  Residential Street Address 99 Wildflower Ln  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  City Middletown  Name of Employer Robinson & Cole LLP  No acandidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes Vo  If yes, list Event #  Method of contribution:  Date Received Aggregate contributions	Method of contribution:	eduction Mone	y Order	1	I I				
Residential Street Address  99 Wildflower Ln  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  City Middletown  Name of Employer Robinson & Cole LLP  Name of Employer Robinson & Cole LLP  Amount of Contribution  Amount of Contribution  State Zip Code CT 06457-1790  Amount of Contribution of 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  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions	Last Name		Firs	it	<del></del>				M,I.
99 Wildflower Ln  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Middletown  Name of Employer Robinson & Cole LLP  Name of Employer Robinson & Cole LLP  Amount of Contribution a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Date Received  Aggregate contributions	Cunningham		Ca	ndace					
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Name of Employer Robinson & Cole LLP  Robinson & Cole LLP  Amount of Contribution a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Date Received  Aggregate contributions	Residential Street Address			···			ı		
Attorney  Robinson & Cole LLP  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #    Method of contribution:   Date Received   Aggregate contributions		Mid					СТ	06457-	1790
dependent child of a lobbyist?  In unicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:    Method of contribution   Date Received   Aggregate contributions									
event reported in Section L1?  If yes, list Event #  If yes, indicate which branch or branches of government the contract is with:    Yes   Yes   \$100.00	dependent child of a lobbyist? Municipality does	contributor or busi	iness he/she	is associated	d with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution:  Date Received Aggregate contributions	event reported in Section L1?  If yes, indicate who branches of government to the control of the	Yes If yes, indicate which branch or branches of government the Vacanting Vac					\$100.00		
	conduct is with:						-		
		eduction Mone	y Order	1					

\$275.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Page 22 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023			July 10 filing				
A. Total Contributions from Small Contributors - Received this	Period O	NLY		i			
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ions fi	om Individuals				
Last Name		First					M.I.
DAgostino		Deb	oorah				
Residential Street Address	City		···········		State	Zip Code	
319 Thomaston Rd	Waterto	· · · · · · · · · · · · · · · · · · ·			СТ	06795-2	2055
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more to the specific or the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a sta  If yes, indicate which branch of branches of government the		or prosj	pective state contractor	?			\$75.00
11 yes, list Event # contract is with:	Ex	ecutive	eLegisla	tive V 100			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$75.00			
Last Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First					M.I.
Dodge		Dall	las				
Residential Street Address	City	16			State	Zip Code	
188 Westmont St Principal Occupation	West H				СТ	06117-2	2926
Consultant		i .	of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a sta  If yes, indicate which branch of branches of government the		or prosj	pective state contractor	7			\$200.00
If yes, list Event # branches of government the contract is with:	Ex	ecutive	E Legisla	tive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$200.00			
Last Name		First					M.I.
Dilone		Elsa	3				
Residential Street Address	City				State	Zip Code	
70 MONTEWESE St Hartford Ct	Hartford	,	ČD 1		СТ	06114	
Principal Occupation Unemployed			of Employer nployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	)F			∐ Yes ✓No			\$20.00
11 yes, list Event # contract is with:	ГВх	ecutive		itive			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/30/2023	Aggregate contributions \$20.00			

\$295.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 23 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ng Reposit	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			1000 1000 1000 1000 1000 1000 1000 100
A. Total Contributions from Small Contributors - Received this P (See instructions for definition of Small Contributor)	eriod Ol		Subtotal Section A				\$0.00
B. Itemized Co	ntributio	ons fr	om Individuals				
Last Name		First	,	oscomon nel el e			M.I.
Gil		Mon	ica				
Residential Street Address	City				State	Zip Code	
20 Sage Rd	Rocky H	Hill			СТ	06067-1	1046
Principal Occupation Owner	1		of Employer e & After Homes	s LLC		•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Vo If contribution is in excess of \$\frac{1}{2}\$ If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more that	r business h				Amour	it of Cont	ribution
Is this contribution associated with an cvent reported in Section L1?  Yes  If yes, list Event #  Is contributor a principal of a state  If yes, indicate which branch or branches of government the		or prosp	_	∐ res ✓No			\$250.00
Method of contribution:	Money Orde		Date Received 06/30/2023	Aggregate contributions \$250.00			
Last Name		First			6		M.I.
Grate		Gerr	у				
Residential Street Address 570 Wethersfield Ave	City Hartford				State CT	Zip Code 06114-	1048
Principal Occupation			of Employer		01	00114-	1340
Owner			Shop				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of semanticipality does contributor of municipality valued at more than the semanticipality valued at the sem	r business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  No No branches of government the	contractor o	or prosp	ective state contractor	?			\$50.00
If yes, list Event # 0022234 contract is with:	Exe	ecutive	Legisl	ative V 140			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 06/22/2023	Aggregate contributions \$50.00			
Last Name  Jordan		First					M.I.
Residential Street Address	City	Laur	a		T 64.4	7:-0.1	
	City Hartford	1			State CT	Zip Code 06105-2	2230
Principal Occupation			of Employer			55,007	
Government affairs	1		ford health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$\frac{\sqrt{\sqrt{N}}}{\text{municipality does contributor of municipality valued at more that}}	r business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which branch or branches of government the				∐ Yes ✓ No			\$100.00
If yes, list Event # contract is with:	<u></u> Вхе	ecutive		ative			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	_	Date Received 06/29/2023	Aggregate contributions \$100.00			

\$400.0	SUBTOTAL Section B - This Page
\$16,110.0	TOTAL of Section B Pages
\$16,110.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 24 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Sierra for Treasurer 2023			July 10 filing		· · · · · · · · · · · · · · · · · · ·		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons fro	om Individuals				
Last Name		First					M,I,
Parrotta		Mich	ele				
Residential Street Address	City				State	Zip Code	
71 Scarborough St	Hartford			***************************************	СТ	06105-1	106
Principal Occupation Attorney		Name o	f Employer				
			T				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an Yes Is contributor a principal of a state	c contractor	or prospe	ctive state contractor	Yes			#400 00
event reported in Section L1?  If yes, indicate which branch o branches of government the	process		_	✓ No			\$100.00
11 yes, list Event # contract is with:	L Ex	ecutive	Legisla	five			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord		Date Received 06/30/2023	Aggregate contributions \$100.00			
Last Name	],,,,,,,,	First	00/30/2023	φ100.00	<u> </u>		M.I.
La Luz		Maril	hel				171,1,
Residential Street Address	City	Ividiti	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
16 E 98th St	New Yo	ork			NY	10029-6	518
Principal Occupation	t	1	f Employer				
Director		State	of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution is in excess	or business I				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state event reported in Section L1?		or prospe	ective state contractor	Yes			\$100.00
If yes, indicate which branch o branches of government the	_	4.		<b>V</b> No			φ100.00
Method of contribution:		ecutive	Legisla  Date Received				
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		05/11/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Reyes		Osca	ır				
Residential Street Address	City	<u> </u>		<del> </del>	State	Zip Code	
84 Sequin St	Hartford	t			СТ	06106-3	750
Principal Occupation Retired		Name o Retire	f Employer d				·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific production of the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more than the specific production of the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the spe	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an Yes Is contributor a principal of a statement reported in Section I 19		or prospe	ective state contractor	Yes			<b>ee</b> 0 00
If yes, indicate which branch o	_			✓ No			\$60.00
If yes, list Event# contract is with:	Ex	ecutive	Legisla	tive			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Received 06/09/2023	Aggregate contributions \$60.00			

\$260.0	SUBTOTAL Section B - This Page
\$16,110.0	TOTAL of Section B Pages
\$16,110.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023					July 10 filing		*** ** ****	
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section	A			\$0.00
	B. Itemized C	ontributi	ions fi	om Individuals				
Last Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First	,				M.I.
Prater			Fra	nk				
Residential Street Address		City				State	Zip Code	L
201 Miller Way		Windso	Γ			СТ	06095-1	762
Principal Occupation			1	of Employer				
State Employee			State	of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Conti	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contracto	or? Yes	]		\$250.00
event reported in Section L1?  If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:		ecutive	e Legis	Iative No			<b>Ψ230.00</b>
Method of contribution;  ☐ Cash  Personal Check  Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 05/03/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
Palmer			Kei	sha				
Residential Street Address		City				State	Zip Code	•
65 Woodmont Rd		Avon				CT	06001-3	3516
Principal Occupation Attorney			1	of Employer nson & Cole LLF	· ·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the second	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contracto	or? Yes	]		\$250.00
If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:	_	ecutive	e Legis	lative No			Ψ200.00
Method of contribution:  Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	ler	Date Received 06/26/2023	Aggregate contributions \$250.00			
Last Name			First		· · · · · · · · · · · · · · · · · · ·		** * * * * * * * * * * * * * * * *	M.I.
Nappier			Der	nise				
Residential Street Address		City				State	Zip Code	
110 Westerly Ter		Hartford	d			СТ	06105-1	1117
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she i			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Yes  You	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	or	or pros	_	∐ i es ✓ No			\$100.00
Method of contribution:	contract is with:		- Court	Date Received	Aggregate contributions	-		
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	ler	05/06/2023	\$250.00			

\$600.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

Page	26	of	60
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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT		N. 15	
Sierra for Treasurer 2023			***************************************			July 10 filing			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributo <b>r</b> )			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		, ,,		First	-	,			M.I.
Nappier				Dei	nise				
Residential Street Address		·	City				State	Zip Code	<u>'</u>
110 Westerly Ter			Hartford				CT	06105-1	117
Principal Occupation Retired				Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r	•	_	∐ Yes ✓No			\$100.00
If yes, list Event #  Method of contribution:  Cash Personal Check		contract is with:		ecutiv 	Date Received 06/25/2023	Aggregate contributions \$250.00			
Last Name				Firs	l	-	<u> </u>		M.I.
Paramo				Col	nstanza				
Residential Street Address			City				State	Zip Code	
2 Hilltop Dr			Bloomfi	eld			СТ	06002-1	626
Principal Occupation Tutor/Librarian					of Employer Imfield Board of E	Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	? ☐Yes ✓ No			\$50.00
If yes, list Event#	<b>▼</b> 140	branches of government the contract is with:	Ex-	ecutiv	e [Legisl	ative V 140			
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	ег	Date Received 06/26/2023	Aggregate contributions \$100.00			
Last Name				Firs					M.I.
Johnson				Mic	eah				
Residential Street Address 20 Hansom Hill Rd			City Windso	r			State CT	Zip Code 06095-1	1805
Principal Occupation		15.11	I		of Employer		I		
Sales				кау	mour and Flaniga	lf1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	∐Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o		or pro	spective state contractor	T? ☐Yes ✓ No			\$50.00
If yes, list Event#	<b>▼</b> 140	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative [v ] 140	]		
Method of contribution:  ✓ Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$80.00			

\$200.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 27 of 60

See instructions from Small Contributors - Received this Period ONLY   Subtotal Section   Small Contributors - Received this Period ONLY   Subtotal Section   Small Contributors - Received this Period ONLY   Subtotal Section   Small Contributors   Small Contri	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
See instructions for definition of Small Contributors   Subtorial Section   Subtoria	Sierra for Treasurer 2023					July 10 filing		·	
B. Itemized Contributions from Individuals   First   Wilson   Wilson   State   Zip Code   CT   OR4641-T705	A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
Luna   Reside and Street Address   City   Milliord   Street Address   City   Code   Code   Code   City   Code   Code   City   Code   City   Code   City   Code   City   Code   City   Code   City	(See instructions for definition of Small Co	ntributor)			Subtotal Section A				\$0.00
Luna		B. Itemized C	ontributi	ons fi	om Individuals				
Residential Street Address	Last Name			First	***************************************				M.I.
Milford   Milf	Luna			Wils	son				
Name of Employer   O6460   O6490   O6460   O6490   O6460   O6490   O6460   O6490   O6460   O6490   O6490   O6460   O6490   O	Residential Street Address		City				State	Zip Code	
Is contributor a lobbyist; aponae, or dependent child of a lobbyist; apo			Milford				CT	06461-1	705
It contributor a tobbyist, spouse, or dependent child of a lobbyist?    Yes   Mo									
Amount of Contribution associated with an overtime sponse barbon is associated with have a contract with said proved in Section L17	reured			0646	iU				
Secontification   Section   L17   Yes   Secontificate which branch or branches of government the obstance obstance of government the obstance of government the obstance obstance obstance of government the obstance obstance obstance obstance obstance of government obstance obstanc	dependent child of a labbuist?	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Contr	ibution
Method of contribution associated with an event # whethod of contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than and to white benefit as white:    City	cvent reported in Section L1?	If yes, indicate which branch o		or pros	pective state contractor	Yes			\$25.00
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   06/24/2023   \$25.00	If yes, list Event #		Ex	ecutive	eLegisl:	ative [V] NO			
Residential Street Address 279 Princeton St Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dep		bit Card Payroll Deduction	Money Ord	ег					
Residential Street Address   City   Hartford   Name of Employer   Retired   State   CT   06106-4256	Last Name			First			I		M.I.
Martford   Martford   Martford   Martford   Retired	Lopez			Jes	us				
Principal Occupation Retired    Name of Employer Retired   Retired   Retired	Residential Street Address	W					1	Zip Code	1
Retired    Retired   Retired   Retired   Retired   Retired			Hartford	d			CT	06106-4	256
Statis contribution associated with an event reported in Street Address   State   City   State				1					
State   Zip Code   Contribution   Section L17   Yes   If yes, indicate which branch or branches of government the contract is with:   Executive   Legislative   No   Legislative   No   Executive   Legislative   No	dependent child of a labbuist?	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Contr	ibution
Method of contribution:    Cash	event reported in Section L1?	1		or prosp	pective state contractor	i es			\$100.00
Cash	It yes, list Event #		Ех	ecutive		ative —			
Ruiz  Residential Street Address 48 Linwood Dr  Principal Occupation Retired  Name of Employer Retired  Name of Employer Retired  Retired  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Date Received  Aggregate contributions		bit Card Payroll Deduction	Money Ord	ет					
Residential Street Address  48 Linwood Dr  Principal Occupation Retired  State Zip Code CT 06002-1717  Name of Employer Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes VNo  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Date Received Aggregate contributions	Last Name			First					M.I.
A8 Linwood Dr  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Bloomfield  Name of Employer Retired  Amount of Contribution a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	Ruiz			Lillia	an				
Principal Occupation Retired    Name of Employer Retired   Retired			1 '	- 1 - 1			ı		1747
Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:    Pate   Patential			Bioomii		-6171		UI .	06002-1	1717
dependent child of a lobbyist?    No									
event reported in Section L17  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:    Yes   Yes   \$25.00   \$25.00	damandana ahiibi assa lahiniass	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ribution
Method of contribution:    Date Received   Aggregate contributions   Date Received   Aggregate contributions	event reported in Section L17	If yes, indicate which branch o		or pros	pective state contractor	Yes			\$25.00
	II yes, list Event#		Ex	ecutive		ative			
		bit Card Payroll Deduction	Money Ord	er					

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$16,110.00

Page 28 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received (	this Period O	NLY				······	
(See instructions for definition of Small Contributor)		Sub	total Section A	À			\$0.00
B. Itemize	ed Contribut	ions from	Individuals				
Last Name		First	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				M,I,
Merced		Maria					
Residential Street Address	City				State	Zip Code	
304 3rd Ln	Greena	ecres			FL	33463-4	1346
Principal Occupation Retired		Name of En Retired	ployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business	he/she is asso			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of If yes, indicate which branches of government the branches of government the section of the s	nch or	or prospectiv	e state contractor	∐ Yes ✓No			\$50.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction		Date	Received //26/2023	Aggregate contributions \$150.00			
Last Name		First					M,I,
Powell		Adam C	layton				
Residential Street Address	City				State	Zip Code	
402 E 118th St	New Yo				NY	10035-4	1469
Principal Occupation Self Employed		Name of En	ployer . SOLUTION	IS LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in exce municipality does contribution is in excent municipality does contribution.	butor or business	hc/she is asso			Amoun	nt of Contr	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of lf yes, indicate which brat branches of government the contract is with:	nch or	or prospectiv	e state contractor	∐ Yes ✓No			\$250.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	on Money Ord		Received 01/2023	Aggregate contributions \$250.00			
Last Name		First	<del>.</del>		I		M.I.
Horwitt		Jed					
Residential Street Address	City				State	Zip Code	
400 Dayton Rd	South (	Glastonbu			СТ	06073-3	3204
Principal Occupation Lawyer		Name of En Zeisler &	zeisler,p.c.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality valued at m	butor or business	he/she is asso			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which braining in the section of t	nch or	or prospectiv	e state contractor	⊥ Y es			\$250.00
If yes, list Event # branches of government the contract is with:	ne Ex	xecutive	Legisl	ative  No			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroli Deduction	on Money Ord		c Received 03/2023	Aggregate contributions \$250.00			
				***************************************			

\$550.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

Page	29	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons fi	om Individuals				
Last Name		First					M,I,
Horwitt		Dor	ota				
Residential Street Address	City				State	Zip Code	<u>'</u>
10 Middle St	South C				CT	06073	
Principal Occupation Disabled/retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?		or pros	ective state contractor?	Yes			\$250.00
If yes, list Event # If yes, indicate which branch of branches of government the contract is with:	_	ecutive	eLegisla	tive No			Ψ230.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ег	Date Received 04/03/2023	Aggregate contributions \$250.00			
Last Name	. 70,00	First					M.I.
Holtgrewe		Bur	dette				
Residential Street Address	City				State	Zip Code	
27 Huntington St	Manche				СТ	06040-4	1235
Principal Occupation Consultant		i	of Employer Edge Strategies	*			
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a sta If yes, indicate which branch of		or pros	ective state contractor	☐ x es			\$5.00
If yes, list Event # 062223a No branches of government the contract is with:	□ Ex	ecutive	eLegisla	√No tive			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 06/11/2023	Aggregate contributions \$10.00			
Last Name		First					M.i.
Paredes		Gus	stavo				
Residential Street Address	City				State	Zip Code	
3130 Wisconsin Ave NW	Washin				DC	20016-	5014
Principal Occupation Consultant			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a star of the section L1?  If yes, indicate which branch of the section L1?		or pros	pective state contractor	res			\$150.00
If yes, list Event # No branches of government the contract is with:	Ex	ecutive	E Legisla	tive 🗸 No			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 04/06/2023	Aggregate contributions \$150.00			,

\$405.0	SUBTOTAL Section B - This Page
\$16,110.0	TOTAL of Section B Pages
\$16,110.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

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Page	30	of	UU

NAME OF COMMITTEE (Provid	le Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023						July 10 filing			
A. Total Contributions from Si	mall Cor	tributors - Received this	Period O	NLY					_
(See instructions for definition of Sr	nall Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First					M.I.
Maya				Alm	a				
Residential Street Address			City	L			State	Zip Code	
220 Funston Ave			Bridgep	ort			СТ	06606-3	036
Principal Occupation					of Employer				
Retired				Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state  If yes, indicate which branch or		or pros	pective state contractor	7 Yes			\$25.00
If yes, list Event#	<b>√</b> No	branches of government the contract is with:	_	ecutiv	eLegisla	✓ No ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ C	credit/Debit	Card Payroll Deduction	Money Ord	ег	Date Received 05/05/2023	Aggregate contributions \$25.00			
Last Name				First	***************************************		<del>dominion</del> ogium		M.I.
Rosa				Artı	ıro				
Residential Street Address			City	•			State	Zip Code	
555 Asylum Ave			Hartford				СТ	06105-3	800
Principal Occupation Firefighter					of Employer of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat  If yes, indicate which branch or		or pros	pective state contractor	Y es			\$50.00
If yes, list Event #	<b>✓</b> No	branches of government the contract is with:	ШEx	ecutiv	eLegisla	✓ No ative			
Method of contribution; Cash Personal Check	Credit/Debit	Card Payroll Deduction	Молеу Ord	er	Date Received 05/07/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Panico				Dav	/id				
Residential Street Address			City				State	Zip Code	004
95 Stony Corners Cir			Avon	I S 7	65 -1		СТ	06001-2	027
Principal Occupation Attorney					of Employer nson & Cole LLP	•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the manufacture of the contribution of the contributi	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Yes ✓ No	Is contributor a principal of a state of the		or pros	pective state contractor	? Yes ✓ No			\$250.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutiv	e Legisla	ative			
Method of contribution:  Cash Personal Check □ C	credit/Debit	Card Payroll Deduction	Money Ord	ег	Date Received 06/26/2023	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$325.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

SEEC FORM 2	0
Revised January 2	015

Page	31	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contribut	ions fr	om Individuals				
Last Name		First					M.I.
Prater		Hele	en				
Residential Street Address	City				State	Zip Code	1
201 Miller Way	Windso	-			СТ	06095-1	762
Principal Occupation Retired		Name Retir	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of municipality valued at more to the contribution is in excess of the contribution is in excess	or business	he/she i			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a star If yes, indicate which branch o		or pros	pective state contractor	? Yes			\$250.00
If yes, list Event # VNo branches of government the contract is with:		ecutive	e Legisla	No No			
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 05/03/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Ortiz		Jos	е				
Residential Street Address	City				State	Zip Code	
88 Raleigh Rd	Bridger				CT	06606-1	1037
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	hc/she is			Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, lindicate which branch of branches of government the	or	or prosp		∐ res ☑No			\$50.00
Method of contribution:	Пгх	CCUUVC	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	05/08/2023	\$50.00			
Last Name		First			<u> </u>		M.I.
Quinn		Rick	hard				
Residential Street Address	City				State	Zip Code	<u> </u>
110 Main St	Vernon	!			СТ	06066-5	5244
Principal Occupation Administrator			of Employer ord Public Schoo	ols			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a star of the section L1?  If yes, indicate which branch of branches of government the contract is with:	or	or pros		∐ Yes ✓ No			\$100.00
Method of contribution:		1	Date Received	Aggregate contributions	1		
	Money Ord	ler	06/29/2023	\$100.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

SEEC	FORM	20
Revised	January	2015

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NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023						July 10 filing	er engeleer very distant		355500000000000000000000000000000000000
A. Total Contributions from S See instructions for definition of S			Period O		Subtotal Section A				\$0.00
		B. Itemized C	Contributi	ions fr	om Individuals				
Last Name		.5		First				, -	M.I.
Lazu				Sixt	o				
Residential Street Address			City		W. W. T		State	Zip Code	I
966 Silas Deane Hwy			Wether	sfield			СТ	06109-4	215
Principal Occupation Retired				Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ves ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☑ No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or 			∐ Yes ✓ No			\$250.00
Method of contribution:  Cash Personal Check	Credit/Debit	contract is with:  Card Payroll Deduction	Money Ord	ecutive ler	Date Received 05/05/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Newton				Willi	iam				
Residential Street Address 40 Stanwood St			City Hartford	d			State CT	Zip Code 06106-4	137
Principal Occupation				Name	of Employer	.,	<u> </u>		
Case Manager				Ame	rican Job Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributed municipality valued at more	r or business				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a sta If yes, indicate which branch of branches of government the		or prost	ective state contractor	<sup>?</sup> ☐Yes ☑No			\$25.00
If yes, list Event#		contract is with:	Ex	ecutive	Legisl	ative	]		
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Ord	ler	Date Received 06/06/2023	Aggregate contributions \$25.00			
Last Name				First					M,I.
Lopez				Dine	ога				
Residential Street Address			City				State	Zip Code	1004
17 Gayfeather Ln			Glastor		af Emulares:		СТ	06033-1	1221
Principal Occupation Attorney					of Employer ty bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contribute municipality valued at more	r or business	he/she i			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a sta If yes, indicate which branch of		or prosp	pective state contractor	res			\$250.00
If yes, list Event #	<b>✓</b> No	branches of government the contract is with:	Ex	cecutive	eLegisl	ative No			
Method of contribution:	Credit/Debi				Date Received	Aggregate contributions			

\$525.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM 2	20
Revised January 2	2015

Page	33	of	60

NAME OF COMMITTEE (Provide	Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023					A	July 10 filing	**************************************		
A. Total Contributions from Sm	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sm	all Contr	ibutor)			Subtotal Section A				\$0.00
		B, Itemized C	ontributi	ons f	rom Individuals				
Last Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First	· · · · · · · · · · · · · · · · · · ·				M.I.
Rivera				Gla	dys				
Residential Street Address			City				State	Zip Code	1
39 Dorothy St, # A-1			Hartford				СТ	06106-1	027
Principal Occupation Retired				i	of Employer				
				Reti	ea				
dependent abild of a labburing	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? ☐Yes			\$25.00
	Z]No	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	eLegisla	✓ No ative			φ25.00
Method of contribution: ☐ Cash ☐ Personal Check ☑ Cre	edit/Debit	Card Payroll Deduction	Money Orde	ет	Date Received 05/05/2023	Aggregate contributions \$100.00			;
Last Name				First			1	,,,,,,	M.I.
Maldonado				Eliz	abeth				
Residential Street Address		······································	City		,		State	Zip Code	<u>'</u>
435 W Center Street Promenad	de		Anaheir				CA	92805-3	3782
Principal Occupation Self Employed					of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes	1		\$100.00
	No	If yes, indicate which branch of branches of government the contract is with:		ecutiv	e []Legisl	ative No			φ100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cree	edit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 05/05/2023	Aggregate contributions \$100.00	)		
Last Name				Firs				·	M.I.
March				Ant	hony	•			
Residential Street Address			City				State	Zip Code	
17028 Candeleda			Tampa	r=			FL	33613	
Principal Occupation Owner					of Employer chhodge Auto				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	Yes			\$100.00
	No	If yes, indicate which branch or branches of government the contract is with:		ecutiv	e ∐Legisl	√N <sub>0</sub>			ψ 100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit		Money Ord	er	Date Received 05/05/2023	Aggregate contributions \$100.00	i		

\$225.0	SUBTOTAL Section B - This Page
\$16,110.0	TOTAL of Section B Pages
\$16,110.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 34 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Sierra for Treasurer 2023 Ju			July 10 filing	***************************************					
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	Small Cont	ributor)			Subtotal Section A	3			\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			TOTAL TOTAL CONTRACTOR OF THE	First		25-20-0-46-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		w	M,I,
Loera Cervantes				Jav	rier				
Residential Street Address			City				State	Zip Code	
3335 S Hoyne Ave			Chicago	)			IL	60608-6	122
Principal Occupation Illinois State Senator				:	of Employer eral Assembly Illi	nois			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L17	☐Yes ✓No	Is contributor a principal of a stat  If yes, indicate which branch o		or pros	pective state contractor	? ☐Yes ☑No			\$250.00
If yes, list Event#		branches of government the contract is with:	Ex	ecutiv	e Legisla	ative P140			
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	Card Payroll Deduction	Money Ord	ег	Date Received 05/05/2023	Aggregate contributions \$250.00			
Last Name				Firs					M,I.
Padilla				Chi	ristopher		•		
Residential Street Address			City				State	Zip Code	
280 Brimfield Rd			Wether				СТ	06109-3	3312
Principal Occupation Social Worker				DCF	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contractor	☐ i es			\$50.00
If yes, list Event#	√No	branches of government the contract is with;	Ex	ecutiv	e Legisl				
Method of contribution:  ☐ Cash Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	ег	Date Received 05/06/2023	Aggregate contributions \$50.00			
Last Name				Firs	t				M,I,
RRumbullaku			,	Alfi	red				
Residential Street Address			City Rocky I	Jin			State CT	Zip Code 06067-1	1440
63 Marshall Rd, Apt D Principal Occupation		. 5- 5 - 3 - 1	ROCKY I		of Employer		01	00007-	1443
Custodian					n of Glastonbury			-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business!				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	ted in Section L1? Yes Indicate which branch or \$10					\$100.00			
If yes, list Event#	✓No	branches of government the contract is with:	☐ Ex	ecutiv					
Method of contribution;  ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ord	ег	Date Received 05/06/2023	Aggregate contributions \$100.00			

\$400.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	January	2015

		_	
Page	35	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Sierra for Treasurer 2023		· ^ · · · · · · · · · · · · · · · · · ·		July 10 filing			-,-,
A. Total Contributions from Small Contributors - Received t	his Period O	NLY					
(See instructions for definition of Small Contributor)		Su	btotal Section A				\$0.00
B. Itemize	d Contributi	ions fro	n Individuals				
Last Name		First				,,	M.I.
Paquette		Malek	hai				
Residential Street Address	City	·			State	Zip Code	
10 Concorde Way, Unit B1 Windso				***.	CT	06096-1	587
Principal Occupation Sales Associate		Name of I Walma					
Is contributor a lobbyist, spouse, or Yes If contribution is in excess dependent child of a lobbyist? If contribution is in excess municipality does contribution in the contribution is in excess municipality valued at me	utor or business l				Amour	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  V No  Is contributor a principal of a lifyes, indicate which branches of government the branches of government the	ich or			∐ res ✓No			\$50.00
If yes, list Event# contract is with:			Legisla ate Received	Aggregate contributions			
Cash Personal Check C Credit/Debit Card Payroll Deduction	n Money Ord		5/17/2023	\$50.00			
Last Name Rojano		First Ramo	n				M,I,
Residential Street Address	City	Ttaino			State	Zip Code	
16909 N Bay Rd	1 '	Isles Bea	ach		FL	33160-4	254
Principal Occupation Retired		Name of I Retired				•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution. If contribution is in excess municipality valued at municipality valued at municipality valued at municipality.	utor or business				Amour	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which bran branches of government the	sch or			∐ res ✓No			\$50.00
If yes, list Event # contract is with:	Ex	ecutive	Legisla	ative —			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Ord		ate Received 5/19/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Kamburi		Renat	a				
Residential Street Address	City				State	Zip Code	
16 Marilyn Rd	Waterfo				CT	06385-1	612
Principal Occupation Self Employed		Name of Self En					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution. If contribution is in excess municipality valued at municipality valued at municipality.	utor or business	he/she is as			Amour	t of Conti	ibution
res   Yes	event reported in Section L1?					\$100.00	
If yes, list Event # contract is with:	Ех	ecutive	Legisla	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	n Money Ord	. 1	ate Received 5/26/2023	Aggregate contributions \$100.00			

\$200.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages.
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20	
Revised January 2015	

Page	36	of	60
1 4 5 C	50	O.	00

NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023		<u> </u>				July 10 filing			
A. Total Contributions from S	mall Co	stributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	ributor)			Subtotal Section A	1			\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name				First	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			M.I.
Rodriguez				Mag	gdalena				
Residential Street Address			City				State	Zip Code	
350 Ridge Rd			Wethers	sfield			CT	06109-1	541
Principal Occupation					of Employer				
Executive			٠	CRT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amour	nt of Conti	ibution
Is this contribution associated with an event reported in Section L1?	☐ Yes ✓ No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the		or pros	<u></u>	∐ Yes √No			\$250.00
If yes, list Event#	LJ	contract is with:	Ex	ecutive	E Legisl	ative			
Method of contribution: Cash Personal Check	Credit/Debi	Card Payroll Deduction	Money Ord	er	Date Received 06/04/2023	Aggregate contributions \$250.00			
Last Name				First				· · · · · · · · · · · · · · · · · · ·	M.I.
Reyes				Ivar	า				
Residential Street Address			City				State	Zip Code	
180 Yale St			Hartford	1			СТ	06106-4	525
Principal Occupation Retired				Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	res			\$50.00
If yes, list Event#	<b>✓</b> No	branches of government the contract is with:	Ех	ecutive					
Method of contribution:  Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/04/2023	Aggregate contributions \$150.00			
Last Name				First					M.I.
Kelly				Sha	ane				
Residential Street Address			City				State	Zip Code	1040
22 Columbia St			Hartford				СТ	06106-1	1312
Principal Occupation Self Employed				4	of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contracto	res			\$250.00
If yes, list Event#	✓No	branches of government the contract is with:	Ex	ecutiv			-		
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ord	er	Date Received 06/05/2023	Aggregate contributions \$250.00			

\$550.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	January	2015

Page	37	of	60
rage	31	01	υυ

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons fr	om Individuals				553 (55) (65)
Last Name		First					M.I.
Reyes		Car	los				
Residential Street Address	City	<u> </u>		·	State	Zip Code	
180 Yale St	Hartford	t			СТ	06106-4	525
Principal Occupation		1	of Employer				
Retired		Retir	ea				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business i				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a sta		or prosp	occtive state contractor	Y es		9	\$100.00
If yes, list Event # branches of government the contract is with:	Ex	ecutive					
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 06/04/2023	Aggregate contributions \$100.00			
Last Name	-	First					M.I.
Reyes		Nati	ividad				
Residential Street Address	City				State	Zip Code	
180 Yale St	Hartford				СТ	06106-4	525
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a sta		or prosp	pective state contractor	res			\$20.00
If yes, list Event # V No branches of government the contract is with:	Ex	ecutive					
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 06/04/2023	Aggregate contributions \$20.00			
Last Name		First					M,I.
lv		Cha	ay				
Residential Street Address	City	•			State	Zip Code	
25 Iroquois Rd	Enfield				CT	06082-6	122
Principal Occupation Chief Administrative Officer			of Employer of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an VYes Is contributor a principal of a sta		or pros	pective state contractor	? Yes		1	\$100.00
event reported in Section L1?  If yes, list Event # 062223a  If yes, list Event # 062223a  If yes, indicate which branch of branches of government the contract is with:	_	ecutive	e Legisla	ative No		,	ψ 100.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check V Credit/Debit Card Payroll Deduction	Money Ord	ler	06/15/2023	\$100.00			

SUBTOTAL Section B - This Page	\$220.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

SEEC FORM	20
Revised January	2015

age	38	of	60

NAME OF COMMITTEE (Provide Con	plete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023	· · · · · · · · · · · · · · · · · · ·				July 10 filing			
A. Total Contributions from Small (	Contributors - Received this	Period O	NLY					
(See instructions for definition of Small C	ontributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Panczner			The	omas				
Residential Street Address		City	I			State	Zip Code	
83 Northington Dr		Avon				СТ	06001-2	355
Principal Occupation				of Employer		•	•	
President			Bart	ett Brainard Eacc	ott			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door contributor	or business				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		or pros	pective state contractor	res			\$250.00
If yes, list Event # 062223a No	branches of government the contract is with:	Ex	ecutiv	eLegisla	ntive No			
Method of contribution: Cash Personal Check CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	ebit Card Payroll Deduction	]Money Ord	ет	Date Received 06/22/2023	Aggregate contributions \$250.00			
Last Name			First					M,I,
Lundy			Co	urtney				
Residential Street Address		City	·			State	Zip Code	
73 Union St, # A		Manche	ster			CT	06042-1	901
Principal Occupation				of Employer				
Self Employed			Seii	Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	mynicinality door contributor	or business l				Amoun	it of Conti	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		or pros	pective state contractor	L res			\$50.00
If yes, list Event # 062223a	branches of government the contract is with:	∐Ex	ecutiv	eLegisla	dive ✓ No			
Method of contribution: Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Ord	ет	Date Received 06/22/2023	Aggregate contributions \$50.00			
Last Name			Firs		<del></del>			M.I.
Jeffreys			Sha	an				
Residential Street Address		City				State	Zip Code	
21365 Al Highway 157		Town C				AL	35672-5	535
Principal Occupation Business Owner			·	of Employer ey Corp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or business				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or pros	pective state contractor	☐ res			\$100.00
If yes, list Event # 062223a	branches of government the contract is with:	_	ecutiv	e Legisl	ative No			
Method of contribution:  ✓ Cash Personal Check Credit/E	ebit Card Payroll Deduction	Money Ord	er	Date Received 06/22/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$16,110.00

SEEC	FORM	20
Revised	January	2015

Page	39	of	60

NAME OF COMMITTEE (Provide	Complete	e Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Sierra for Treasurer 2023			****			July 10 filing			
A. Total Contributions from Sm (See instructions for definition of Sm			Period O	No.	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fr	om Individuals				
Last Name		, , , , , , , , , , , , , , , , , , ,		First					M.I.
Ortiz				Rau	l				
Residential Street Address	-		City				State	Zip Code	
1886 Stanley St			New Bri	tain			СТ	06053-1	720
Principal Occupation Firefighter					of Employer of new Britain				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of a municipality does contributor municipality valued at more th	or business l				Amoun	t of Contr	ibution
event reported in Section 1.17	]Yes ]No	Is contributor a principal of a state If yes, indicate which branch or branches of government the			_	∐ Yes ✓ No			\$25.00
Method of contribution:  Cash Personal Check Creek	edit/Debit (	contract is with:  Card Payroll Deduction	Money Orde	ecutive er	Date Received 06/29/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Marrero				Just	to				
Residential Street Address	•		City	•			State	Zip Code	
59 Chipper Dr			East Ha	rtford			CT	06108-2	708
Principal Occupation Retired			•	Name o	of Employer ed				
Is contributor a tobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Contr	ibution
event reported in Section 1.17	_ res	Is contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contractor	∐ res			\$100.00
11 yes, list Event#	Z No	branches of government the contract is with:	Ех	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit (	Card Payroll Deduction	Money Ord	ег	Date Received 06/24/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Rivera				Elm	er				
Residential Street Address			City				State	Zip Code	
500 Whalley Ave			New Ha		40		СТ	06511-2	1905
Principal Occupation Director				1	of Employer Otonal Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or prost	ective state contractor	7 Yes			\$50.00
	No	If yes, indicate which branch or branches of government the contract is with:		ecutive	e [Legisl	✓ No ative			450.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit (		Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

SEEC	FORM	20
Revised	January	2015

Page	40	of	60
age	70	OI	UU

NAME OF COMMITTEE (Provide Complete Name as )	Registered with Filing Repos	itory)	TYPE OF REPORT			
Sierra for Treasurer 2023			July 10 filing			
A. Total Contributions from Small Contributors	- Received this Period O	NLY			•	
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
	B. Itemized Contribut	ions from Individuals				
Last Name	THE PROPERTY OF THE PROPERTY O	First				M.I.
Levin		Jay				
Residential Street Address	City			State	Zip Code	
23 Worthington Rd	New Lo	·····		СТ	06320-2	932
Principal Occupation lobbyist/attorney		Name of Employer Jay B. Levin Governm	ent Relations Cons	ulting, Ll	LC	
dependent child of a lobbyist?	aution is in excess of \$400 to a ca dity does contributor or business dity valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1?	or a principal of a state contractor icate which branch or	or prospective state contractor	Yes ✓ No			\$50.00
If yes, list Event # branches o contract is	f government the with:	ecutive Legisla	tive [V]140			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ I	Payroll Deduction Money Orc	Date Received 06/24/2023	Aggregate contributions \$50.00			
Last Name	**	First		***************************************		M,I,
Ramos		Rafael				
Residential Street Address	City			State	Zip Code	0.40
63 Downing St Principal Occupation	New H			СТ	06513-3	219
Employed		Name of Employer City of new haven				
dependent child of a lobbyist? LANO municipa	oution is in excess of \$400 to a ca dity does contributor or business dity valued at more than \$5,000?	he/she is associated with have a		Amoun	t of Contr	ibution
event reported in Section L1? If yes, ind	or a principal of a state contractor icate which branch or	or prospective state contractor	∐ i es			\$150.00
If yes, list Event # V No branches o contract is	f government the with:	cecutive Legisla	√No tive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card I	Payroll Deduction Money Or	Date Received 06/30/2023	Aggregate contributions \$150.00			
Last Name		First			. ,,	M.I.
Lugovina		Francisco				
Residential Street Address	City			State	Zip Code	
69 Tier St	Bronx	T A 1		NY	10464-1	352
Principal Occupation retired		Name of Employer Hudson River Peacen	naker Center& Bui	ld Sprou	ıt i	
dependent child of a lobbyist? IN municipa	oution is in excess of \$400 to a ca dity does contributor or business dity valued at more than \$5,000?	he/she is associated with have a		Amoun	t of Conti	ibution
event reported in Section L1? If yes, ind	or a principal of a state contractor icate which branch or	or prospective state contractor	∐ Yes			\$100.00
If yes, list Event# No branches o contract is	of government the with:	cecutive Legisla	√No stive			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ 1	Payroll Deduction Money Or	Date Received 06/24/2023	Aggregate contributions \$100.00			

\$300.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	January	2015

Page	41	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ing Repos	itory)		1	TYPE OF REPORT			
Sierra for Treasurer 2023		•			July 10 filing			
A. Total Contributions from Small Contributors - Received this I	Period O	NLY						
(See instructions for definition of Small Contributor)			Subtotal Sec	ction A				\$0.00
B. Itemized Co	ontribut	ions fr	om Individ	iuals			do all se di	
Last Name		First		***************************************			***************************************	M.I.
Hubert		Keit	h					
Residential Street Address	City					State	Zip Code	
94 Sheffield Pl	Southin	<u> </u>				СТ	06489-	1365
Principal Occupation Accountant		1	of Employer Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Vo   If contribution is in excess of S municipality does contributor of municipality valued at more the	or business			th have a		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state		or prosp	ective state co	ntractor?	Yes			\$100.00
No branches of government the			_		✓ No			Ψ100.00
11 yes, list Event# contract is with:	Ex	ccutive	<u> </u>	Legislati	ive —			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/25/202		Aggregate contributions \$100.00			
Last Name		First	OU/ZU/ZUZ	.0	ψ100.00			M.I.
Maglio		Mic	hael					
Residential Street Address	City					State	Zip Code	1
216 Leigh Gate Rd	Glastor					СТ	06033-4	4118
Principal Occupation Attorney			of Employer nson & Cole	o II D				
-	······································							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$2\$ municipality does contributor of municipality valued at more the	or business	he/she is		th have a		Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state	contractor	or pros	pective state co	ntractor?	Yes			\$250.00
cvent reported in Section L1?  If yes, indicate which branch or branches of government the					. ✓No			φ200.00
11 yes, list Event # contract is with:	Ex	ecutive		Legislati	ive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Receive 06/27/202		Aggregate contributions \$250.00			
Last Name		First			· · · · · · · · · · · · · · · · · · ·	<u> </u>		M.I.
Melvin		Rot						
Residential Street Address	City	1				State	Zip Code	1
23 Watson Dr	West S	imsbu	ry			CT	06092-	2233
Principal Occupation			of Employer					
Attorney		Kobi	nson & Col	e LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business	he/she i		ith have a		Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state of the section L1?  If yes, indicate which branch or		or pros	pective state co	ntractor?	Yes			\$100.00
If yes, list Event # branches of government the contract is with:	□ Ex	cecutive	· 🔲	Legislat	ive No			
Method of contribution:			Date Receive	I .	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	06/27/202	23	\$100.00			

\$450.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	i January	2015

Page	42	of	60
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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received th	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	Contributi	ons fi	om Individuals				
Last Name		First	CONTRACTOR AND THE CONTRACTOR CONTRACTOR AND THE CONTRACTOR CONTRA				M.I.
Rivera III		Mai	nuel				
Residential Street Address	City				State	Zip Code	
358 S Main St	Marlbor				СТ	06447-1	241
Principal Occupation Self Employed		l .	of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess municipality does contribution is in excess municipality does contribution in the excess municipality valued at more	tor or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L17  Yes  If yes, indicate which branch branches of government the	h or			∐ 1 es ✓ No			\$50.00
If yes, list Event # contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		ecutive	Date Received 06/29/2023	Aggregate contributions \$50.00			
Last Name	<del>, , , , , , , , , , , , , , , , , , , </del>	First			<u> </u>		M.I.
Leon		Joe	lyn				
Residential Street Address	City		-		State	Zip Code	l
10 Curry Ln	East Ha	ampto	n		CT	06424-1	764
Principal Occupation Political Director		1	of Employer NFL-CIO				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess municipality does contribution is in excess municipality does contribution in the excess municipality valued at more	tor or business				Amour	ıt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a section L1?  If yes, indicate which branches the section of the section L1?		or pros	pective state contractor	Lies			\$50.00
If yes, list Event # branches of government the contract is with:	☐ Ex	ccutiv	eLegisla	√ No ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$50.00			
Last Name		First					M,I,
Rohena		Wil	ma				
Residential Street Address	City				State	Zip Code	-040
235 E River Dr	East Ha				СТ	06108-5	0010
Principal Occupation Partner			of Employer Me Quedo Resta	aurant			
Is contributor a lobbyist, spouse, or	tor or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a lifyes, indicate which branc branches of government the		or pros	pective state contractor	?			\$50.00
If yes, list Event # VNO branches of government the contract is with:	Ex	cecutiv	e Legisl	ative [V] INU			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$50.00			

\$150.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

Page	43	of	60
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Silera for Treasurer 2023   Silera for Treasurer 2023   Silera filtron of Small Contributor)   Subtotal Section A   Solidaria Section A   Subtotal Section	NAME OF COMMITTEE (Providence)	le Comple	te Name as Registered with Fi	ling Reposi	toгу)		TYPE OF REPORT			
Subtorial Section   A   Subt	Sierra for Treasurer 2023						July 10 filing			
B.   Itemized Contributions from Individuals   First   M.I.	A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
Mails Name	(See instructions for definition of St	mall Cont	ributor)			Subtotal Section A				\$0.00
Mailtakey William  Reaidential Street Address  SC Claren    City   GlastOnbury   Cit   2in Code   Co			B. Itemized C	ontributi	ons fi	om Individuals				Visuali (Sign)
Residential Street Address 98 Coloman Rd  Firthicinal Occupation Lobbyist   Security   S	Last Name				First				<del> </del>	M.I.
Second Comman Rd   Second Companies   Second Comp	Malitsky				Will	iam				
Name of Employer   Focus gov affairs	Residential Street Address									
Last Name Paolino Redicted table of a lobbysist, spouse, or dependent child of a lobbysist, spouse, or dependent child of a lobbysist?    State contribution associated with an event reported in Section 1.17   Yes   Tryes, line Event #				Glaston				СТ	06033-3	660
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes dependent child of a lobbyist?   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a dependent child of a lobbyist?   No   Is this contribution associated with have a contract with said municipality valued at more than \$5,000?   Yes   Yos   Yes   You   Is this contribution associated with an executive officer of a chief executive with said municipality valued at more than \$5,000?   Yes   You   Yes	•					•				
Secontification associated with an owner experience tailed or a lobbysis?   No     No   N	Londyist				rocu	s gov allairs				
Yes   If yes, ist Event #			municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ribution
In sevent we depend of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   66/29/2023   \$100.00	event reported in Section L1?		If yes, indicate which branch or		or pros	pective state contractor	Yes			\$100.00
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Mosey Order   06/29/2023   \$100.00	If yes, list Event #	<u>1</u> 110		Ex-	ecutive	: Legisl	ative [v 140			
Paolino  Residential Street Address 29 S Colman Rd  City Wolcott  Name of Employer FOCUS Government Affairs  FOCUS Governm		Credit/Debit	Card Payroll Deduction	Money Orde	ег					
Residential Street Address 29 S Colman Rd    City   Wolcott   State   Zip Code   CT   06716-2855     Principal Occupation   Lobbyist   Source   Principal Occupation   Lobbyist   Source   Principality of the State   Principality of the State   Principality spouse, or dependent child of a lobbyist?   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality of oes contributor or business he/she is associated with have a countact with said municipality of the State   Principality of the State   Principal Occupation   Principal Occupation   Principal Occupation   Principal Occupation   Principal Occupation   Principality of the State   Principal Occupation   Principality of the State   Principal of the State	Last Name				First			b		M.I.
29 S Colman Rd  Principal Occupation Lobbyist  Secontributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If yes dist Event #  Method of contribution:  Method of contribution associated with any capacity of the contract of the contrac	Paolino				Jan	nes				
Principal Occupation Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a principal to descontributor or business levishe is associated with have a contract with said municipality valued at more than \$\$5,0007\$	Residential Street Address									-
Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event map of the contract of the contr	Anna de la companya del companya de la companya del companya de la			Wolcott				СТ	06716-2	2855
Is this contribution associated with an event reported in Section L1?   Secontribution is in excess of \$400 to a candidate communicipality of a state contractor or prospective state contractor or famounic polity of a state contractor or prospective state contractor or famounic polity of a state contractor or prospective state contractor   Yes   \$100.00							Affairs			
State   Stat			municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ribution
If yes, list Event #	event reported in Section L1?				or pros	pective state contractor	res			\$100.00
Cash	If yes, list Event#	<b>√</b> No	branches of government the	_	ecutive	eLegisl	<b>✓</b> No ative			
Kowalski  Residential Street Address 23 Sybil Creek Pl  Principal Occupation Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Linda  City Branford  City Branford  Name of Employer Rome Smith Lutz & Kowalski  Name of Employer Rome Smith Lutz & Kowalski  Amount of Contribution  Amount of Contribution  Figure 1  Figure 1  Figure 2  Figure 2  Figure 3  Figure 3  Figure 3  Figure 4  Figu		Credit/Debi	Card Payroll Deduction	Money Ord	ег					
Residential Street Address 23 Sybil Creek Pl  Principal Occupation Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  City Branford  Name of Employer Rome Smith Lutz & Kowalski  Name of Employer Rome Smith Lutz & Kowalski  Amount of Contribution  Amount of Contribution  State Zip Code CT 06405-5261  Amount of Contribution  State CT 06405-5261  Amount of Contribution  Fixed in Section L17  State CT 06405-5261  Amount of Contribution  State CT 06405-5261  Amount of Contribution  State CT 06405-5261	Last Name				First					M,I,
23 Sybil Creek Pl Principal Occupation Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Branford  Name of Employer Rome Smith Lutz & Kowalski  Name of Employer Rome Smith Lutz & Kowalski  Amount of Contribution of a child committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Yes  \$100.00  \$10 \$\frac{1}{2}\$ \$	Kowalski				Line	da				
Principal Occupation Lobbyist  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Name of Employer Rome Smith Lutz & Kowalski  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions				i i					-	-004
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:    No				Brantor		.CFt	·	UI	06405-5	0261
dependent child of a lobbyist?  No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If yes, indicate which branch or branches of government the contract or prospective state contractor?    Yes   1500.000   1700.000	· · · · · · · · · · · · · · · · · · ·						Cowalski			
event reported in Section L17  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions			municipality does contributor	or business l		s associated with have	a contract with said	Amour	t of Cont	ribution
If yes, list Event #		Yes	• •		or pros	pective state contracto	T? Yes			\$100.00
	•	✓No	branches of government the		ecutiv	eLegisl	ative No			
		Credit/Debi	t Card Payroll Deduction	Money Ord	er					

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

Page 44 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repos	sitory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received t	this Period O	NLY					
(See instructions for definition of Small Contributor)		Subto	al Section A				\$0.00
B. Itemize	ed Contribut	ions from Ir	dividuals				
Last Name		First					M.I.
Hernandez		Rosania					
Residential Street Address	City				State	Zip Code	
1587 Park St	Hartford				СТ	06106-2	198
Principal Occupation Not Employed		Name of Emplo	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality valued at municipality va	butor or business	he/she is associa			Amoun	t of Conti	ibution
Is this contribution associated with an Yes Is contributor a principal of	a state contractor	or prospective s	tate contractor	? TYes	1		\$10.00
event reported in Section L1?  If yes, indicate which branches of government the	ne			☑ VNo	ļ		\$ 10.00
If yes, list Event # contract is with:	Ех	cecutive	Legisla	itive			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction	on Money Ord	.	leceived D/2023	Aggregate contributions \$10.00	I .		
Last Name		First					M.I.
Hernandez		Myriam					
Residential Street Address	City				State	Zip Code	
9614 Villas De Ciudad Jardin	Canova				PR	00729-9	9803
Principal Occupation Self Employed		Name of Emplo	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business	he/she is associa			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which branches of government the branches of government the section of the sect	nch or			∐ 1es ✓No			\$50.00
If yes, list Event # contract is with:		xecutive	Legisla		4		
Method of contribution:  ☐ Cash Personal Check  Credit/Debit Card Payroll Deduction	on Money Or		leceived 0/2023	Aggregate contributions \$50.00			
Last Name	•	First	Į.		1		M.I.
Mednick		Steven					
Residential Street Address	City				State	Zip Code	I
912 Prospect St	Hamde	en			СТ	06517-4	1030
Principal Occupation  Lawyer		Name of Emp	oyer				
Is contributor a lobbyist, spouse, or	butor or business	he/she is associ			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which brate branches of government the second of	nch or	• •		∐ Yes ✓No			\$100.00
If yes, list Event # contract is with:	E	xecutive	Legisla	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction	on Money Or	1	Received 0/2023	Aggregate contributions \$100.00			
<del></del>							

\$160.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 45 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023			***************************************	July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contribut	ions fi	rom Individuals				
Last Name		First		· · · · · · · · · · · · · · · · · · ·			M.I.
Torruella		Pat	ricia				
Residential Street Address	City				State	Zip Code	·!
24 Park Pl	Hartford				СТ	06106-	5008
Principal Occupation Public Health consultant		3	of Employer Employed				
			· · · · · · · · · · · · · · · · · · ·				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a sta		or pros	pective state contractor	<sup>7</sup> Yes			\$50.00
If yes, list Event # V No branches of government the contract is with:		ecutive	eLegisla	√ No ative			
Method of contribution:         Cash       Personal Check       ✓ Credit/Debit Card       Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$50.00			
Last Name		First			·	,	M,I,
Vazquez		Vict	toria				
Residential Street Address	City				State	Zip Code	
200 Goodrich St	Hartford	,			СТ	06114-2	2833
Principal Occupation Student		Name Stud	of Employer ent				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a sta If yes, indicate which branch of the section L1?		or pros	pective state contractor	Y es			\$100.00
If yes, list Event # VNo branches of government the contract is with:	Ex	ecutive	eLegisla	ative No			
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$150.00			
Last Name		First		-	<u>.                                    </u>		M,I,
Serrano		Del	marys				
Residential Street Address	City	1			State	Zip Code	·
33 Kelsey St	Hartford	t			СТ	06106~	1337
Principal Occupation Homemaker/ student		I .	of Employer ent/Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062223a  Is contributor a principal of a sta 1f yes, indicate which branch of branches of government the contract is with	or	or pros	_	∐ Tes ✓ No			\$100.00
Method of contribution:			Date Received	Aggregate contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	06/22/2023	\$150.00			

\$250.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 46 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered wit	h Filing Repo	sitory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received t	his Period C	DNLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemize	d Contribut	tions fi	rom Individuals				
Last Name		First					M,I,
Sotomayor		Ven	nice				
Residential Street Address	City				State	Zip Code	
5 Constitution Plz	Hartfor	ď			СТ	06103-1	1822
Principal Occupation			of Employer				
Teacher		Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in exces municipality does contribution in the contribution is in exces municipality valued at more munic	utor or business	he/she i			Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a	a state contractor	r or pros	pective state contractor	? Yes			<b>#</b> 050.00
cvent reported in Section L1?  If yes, indicate which bran branches of government the				. ✓No			\$250.00
If yes, list Event # contract is with:	E	xecutive	E Legisla	tive P110			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	n Money On	der	Date Received 05/05/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Sotomayor		Ven	nice				
Residential Street Address	City				State	Zip Code	•
5 Constitution Plz	Hartfor				CT	06103-1	1822
Principal Occupation Teacher		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Ves   If contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more	utor or business	he/she i			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a event reported in Section L1?		r or pros	pective state contractor	? Yes			\$150.00
If yes, list Event #  If yes, list Event #  If yes, indicate which bran branches of government the contract is with:	A	xecutive	e []Legisla	dive ☑No			φ150.00
Method of contribution:    Cash	n Money On		Date Received	Aggregate contributions			
Last Name	I INIOLEY OF		06/24/2023	\$250.00			1
Sinclair		First	smond				M.I.
Residential Street Address	City	1 2 30			State	Zip Code	
186 Branford St	Hartfor	ď			CT	06112-1	1407
Principal Occupation Auditor	· · · · · · · · · · · · · · · · · · ·		of Employer of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes municipality does contribution is in excess municipality does contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality does contribution.	utor or business	he/she i			Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a lifyes, indicate which branches in the section L1?		r or pros	pective state contractor	∐ Y es			\$100.00
If yes, list Event # VNo branches of government the contract is with:	·	xecutive	eLegisla	√No tive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	n Money Or	der	Date Received 05/05/2023	Aggregate contributions \$100.00			

\$500.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

Page 47 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons fr	om Individuals				
Last Name		First					M.I.
Vazquez		Sam	ımy				
Residential Street Address	City	•			State	Zip Code	
58 Hendricxsen Ave	Hartford	1			СТ	06106-2	2810
Principal Occupation Social Worker			of Employer				
		None					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more that the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution in the contribution is in excess of the contribution in the contribution in the contribution is in excess of the contribution in the contribution in the contribution in the contribution in the contribution is in excess of the contribution in the contribution i	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state that the section L1?		or prosp	ective state contractor	Yes			\$50.00
No branches of government the			_	. No			φου.υυ
11 yes, list Event # contract is with:	Ex∈	ecutive		tive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 05/08/2023	Aggregate contributions \$50.00			
Last Name	J ,	First	03/00/2023	ψ30.00			M.I.
Sanders		Sara	ah				141.11
Residential Street Address	City				State	Zip Code	
20 Grape Vine Rd	Higganı	um			CT	06441	
Principal Occupation			of Employer				
Deputy Treasurer		State	of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution in the contribution is in excess of the contribution in the contrib	or business I				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?		or prosp	ective state contractor?	Yes			\$100.00
If yes, list Event #  If yes, indicate which branch or branches of government the		.,	□ <b>.</b>	 ✓ No			φ100.00
Method of contribution:	Ех	ecutive					
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 06/29/2023	Aggregate contributions \$100.00			
Last Name		First			1		M.I.
Sierra		Juar	nita				
Residential Street Address	City				State	Zip Code	
363 Hudson St	Hartford	i			CT	06106-9	403
Principal Occupation Retired		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state of the section L1?  If yes, indicate which branch of the section L1?		or prosp	cctive state contractor	∐ Yes			\$15.00
If yes, list Event # Vo branches of government the contract is with:	Ex Ex	ecutive	Legisla	√ No tive			
Method of contribution:  ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 06/06/2023	Aggregate contributions \$15.00			
			<u>I</u>				·····

\$165.0	SUBTOTAL Section B - This Page
\$16,110.0	TOTAL of Section B Pages
\$16,110.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

	40	c	70
age	48	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received	d this Period O	NLY					
See instructions for definition of Small Contributor)			Subtotal Section A	4			\$0.00
B, Item	ized Contribut	ions fr	om Individuals				
Last Name		First					M.I.
Sturges		Barl	bara				
Residential Street Address	City		<del> </del>		State	Zip Code	
86 Harwich St	Hartford	d			CT	06114-1	729
Principal Occupation		1	of Employer				
Retired		Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in examinicipality does communicipality valued at	tributor or business	he/she is			Amour	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal If yes, indicate which be branches of government of the section of th	ranch or	or prosp		∐ Yes			\$50.00
If yes, list Event # contract is with:	Ex	ecutive	: Legisl	ative			
Method of contribution;  Cash Personal Check ✓ Credit/Debit Card Payroll Deduc	ction Money Ord	ler	Date Received 05/05/2023	Aggregate contributions \$50.00			
Last Name		First			1		M.I.
Zilahy		Anti	hony				
Residential Street Address	City				State	Zip Code	
59	East Ha	artford			CT	06118	
Principal Occupation		L.	of Employer	4			
Chiropractor		Chuc	ly Chiropractic C	enter			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in expendent child of a lobbyist?  No  If contribution is in expendent child of a lobbyist?	tributor or business	he/she is			Amoui	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of the section L1?  If yes, indicate which the section L1?		or prosp	occtive state contractor	res			\$25.00
If yes, list Event # branches of governmen contract is with:	t the	cecutive	: Legisl	ative No			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	ction Money Ord	<b>i</b> er	Date Received 05/05/2023	Aggregate contributions \$25.00			
Last Name		First					M,I.
Torres		Hec	tor				
Residential Street Address	City				State	Zip Code	
PO Box 373094	Cayey			,	PR	00737-3	094
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in expendent child of a lobbyist?  No municipality valued as	tributor or business	he/she is			Amoui	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate which be		or pros	occtive state contractor	Y es		;	\$100.00
If yes, list Event # branches of governmen contract is with:	t the	cecutive	eLegisl	ative No			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduc	ction Money Orc	der	Date Received 05/26/2023	Aggregate contributions \$100.00			

\$175.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	January	2015

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age	49	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)			TYPE OF REPORT		
Sierra for Treasurer 2023					July 10 filing		the state of the s
A. Total Contributions from Small Contributors - Received th	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal	Section A			\$0.0
B. Itemized	Contribut	ions f	rom Ind	ividuals	-1		
Last Name		First		·····	edan V. M.		M.I.
Shaikh		Gar	rett				
Residential Street Address	City	<u> </u>		<del></del>		State	Zip Code
300 South St	Vernon	Rock	ville			СТ	06066-4213
Principal Occupation			of Employ				
Attorney		Robi	nson & (	Cole LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in excess municipality does contribution in excess municipality valued at more dependent child of a lobby is excess municipality valued at more dependent child of a lobby is excess municipality valued at more dependent child of a lobby is excess municipality valued at more dependent child of a lobby is excess municipality valued at more dependent child of a lobby is excess municipality valued at more dependent child of a lobby is excess municipality valued at more dependent child of a lobby is excess municipality and a lobby is excess municipality	tor or business	he/she i	s associate			Amour	nt of Contribution
Is this contribution associated with an Yes Is contributor a principal of a sound repeated in Section I 12	state contractor	or pros	pective stat	e contractor	r? Yes	1	\$100.0
event reported in Section L1?  If yes, list Event # 062223a  If yes, list Event # 062223a  If yes, indicate which brancl branches of government the contract is with:	r	cecutiv	e	Legisl	☑ ✓No		φ100.0
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Rec 06/22/2		Aggregate contributions \$100.00	)	
Last Name		First					M,I,
Straughter		Arc	hie				
Residential Street Address	City	1				State	Zip Code
70	West H	artfor	d			СТ	06110
Principal Occupation Engineer			of Employ & White				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more dependent child of a lobbyist?	tor or business	he/she i	s associate			Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a section L1?  If yes, indicate which brane		or pros	pective sta	te contracto	i es		\$50.0
If yes, list Event # 062223a No branches of government the contract is with:	Ex	cecutiv	e	Legisl	ative  No		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Rec 06/22/		Aggregate contributions \$50.00	)	
Last Name		First					M.I.
Santiago		Cai	los				
Residential Street Address	City	1				State	Zip Code
887 New Britain Ave	Hartfor	d				СТ	06106-3922
Principal Occupation Driver		Name Ama	of Employ ZON	cr			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess dependent child of a lobbyist? If contribution is in excess municipality does contribute municipality valued at more	tor or business	he/she	is associate			Amoui	nt of Contributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062223a  Is contributor a principal of a If yes, indicate which branch branches of government the contract is with:	h or	or pros		te contracto	∐ Yes ✓ No		\$40.0
Method of contribution:			Date Rec		Aggregate contributions	1	
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Or	ier	06/22/	2023	\$40.00	)	

SUBTOTAL Section B - This Page	\$190.00
TOTAL of Section B Pages	\$16,110.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$16,110.00

Page	50	of	60

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section	1 A			\$0.00
B. Itemized C	Contribut	ions f	rom Individua	ls			
Last Name		First					M,I,
Veerasammy		Arn	old				
Residential Street Address	City				State	Zip Code	
104 Hannah Ln	Covent	_			CT	06238-1	283
Principal Occupation Electrician			of Employer	le			
		Elec	trical Power So	HUTIONS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributed municipality valued at more	r or business				Amour	t of Conti	ibution
Is this contribution associated with an very reported in Section L1?		or pros	pective state contrac	tor? Yes	1		<b>ቀ</b> ደለ በበ
If yes, indicate which branch of	_			☑ ✓ No			\$50.00
contract is with:	Ex	ecutiv	e Leg	islative			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/22/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Thurz		Bet	h				
Residential Street Address	City				State	Zip Code	
24 Webster Ln	Rocky I	,			СТ	06067-2	2058
Principal Occupation Accountant		1	of Employer er & Whitfield I	PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more of the contributor municipality valued at more of the contributor municipality.	r or business				Amoun	it of Conti	ibution
Is this contribution associated with an Yes Is contributor a principal of a sta		or pros	pective state contrac	tor? Yes	1		£400.00
If yes, indicate which branch of	_			☑ V No			\$100.00
contract is with:	Ex	ecutiv	E Leg	islative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 06/25/2023	Aggregate contributions \$100.00	1		
Last Name		First			1		M.I.
Scheib		Jac	queline				Р
Residential Street Address	City	1			State	Zip Code	
32 Arundel Ave	West H				СТ	06107-1	705
Principal Occupation Attorney			of Employer nson & Cole Ll	_P			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribution municipality valued at more to the specific product of the sp	r or business				Amoun	nt of Conti	ibution
No branches of covernment the				\$250.00			
If yes, list Event# contract is with:	∐Ex	ecutiv		islative	_		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/29/2023	Aggregate contributions \$250.00			
				<u></u>			

\$400.0	SUBTOTAL Section B - This Page
\$16,110.0	TOTAL of Section B Pages
\$16,110.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC :	FORM	20
Revised	January	2015

Page	51	of	60
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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions fr	om Individuals			30 (5) (6) (8	
Last Name		First					M.I.
Tobin		Rho	nda				
Residential Street Address	City	<u> </u>			State	Zip Code	•
4 Anja Dr	Simsbu	гу			CT	06070-1	1547
Principal Occupation		1	of Employer				
Attorney		Kobii	nson & Cole LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor municipality valued at more than the contribution of the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution is in excess of the contribution in the contribution in the contribution is in excess of the contribution in the contribution in the contribution is in excess of the contribution in the contribut	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?		or prosp	ective state contractor?	Yes			\$250.00
If yes, list Event #  If yes, list Event #  If yes, indicate which branch of branches of government the contract is with:		ecutive	: Legisla	ive No			φ250.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/27/2023	Aggregate contributions \$250.00			
Last Name	,	First					M.I.
Weeks		Kare	en				
Residential Street Address	City				State	Zip Code	
5 Twin Pines Dr	Walling				СТ	06492-6	6020
Principal Occupation Government Relations			of Employer e, Smith, Lutz & k	Kowalski			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of municipality does contributor municipality valued at more the municipality valued at more the municipality valued.	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, lindicate which branch of branches of government the	г	or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution:			Date Received	Aggregate contributions			
	Money Ord	ler	06/29/2023	\$100.00			
Last Name		First					M.I.
Schulman		Syd	ney				
Residential Street Address	City	1			State	Zip Code	1
8 High Ledge Rd	Bloomfi	ield			CT	06002-2	2112
Principal Occupation Attorney			of Employer Ilman + Associate	es			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes if contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific produc	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	·	or prosp		∐ Yes ✓No			\$100.00
Method of contribution:	L	1	Date Received	Aggregate contributions			
	Money Ord	ler	05/13/2023	\$100.00			

\$450.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

Page 52 of 66

See instructions for definition of Small Contributors - Received this Period ONLY	NAME OF COMMITTEE (Provide Com	lete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
See instructions for definition of Small Contributors   Subtotal Section Age   Subtotal S	Sierra for Treasurer 2023			-		July 10 filing			
B. Itemized Contributions from Individuals   Size	A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
First   Firs	(See instructions for definition of Small Co	ntributor)			Subtotal Section A				\$0.00
Residential Street Address   State		B. Itemized C	ontribut	ions fr	om Individuals				
Residential Street Address 5 Twin Pines Dr Fineigal Occupation Government Relations 18 contribution a sensitated with an appearance of the sensitivation associated with an appearance of the sensitivation associ	Last Name	,		First					M.I.
S Twin Pines Dr Principal Occupation  Sovernment Relations  Sovernment Relations  If contributor is in secons of 200 to a contributor as secondary with said contributor as lobelysis, spouse, or depondent child of a boblysis?  Is contributor as sociated with an even experted in Section 1.1?  If yes, its Event #  Sanches Querament the contributor as secondary with an even experted in Section 1.1?  If contributor is in excess of 200 to a contributor as secondary with said contributor as secondary with an even reported of a boblysis?  If yes, its Event #  Sanches Querament the contributor as secondary with an even reported of a bobly secondary is with:  Sanches Querament the contributor as secondary with said contributor as secondary with said contributor as with:  Sanches Querament flow of the secondary of the sec	Weeks			Brad	d				
Name of Employer   Rough   Name of Employer   Rough   Name of Employer   Rough   Name of Employer   Name o	Residential Street Address		City				State	Zip Code	1
Security	5 Twin Pines Dr		Walling	ford			СТ	06492-6	6020
Scontribution a lobbyist, spouse, or dependent child of a lobbyist?   Yes   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$\$0.0072\$   Yes   No	• • • • • • • • • • • • • • • • • • • •			1	, .				
dependent child of a lobbylst?   No   municipality does contribution or business body is a suscitated with have a contract with said municipality throught at more than \$\$5.000?   Yes   No   Yes   \$\$100.00\$	Government Relations			Rom	e Smith Lutz & P	lowalski			
If yes, indicate which branch or branches of government the clearly clearly contributions   Legislative   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   State   Sta	dependent child of a lobbyiet?	municipality does contributor	or business	he/she is	s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution:    Date Received   Aggregate contributions   A	event reported in Section L1?	If yes, indicate which branch o	»r		_	∐ Yes ✓No			\$100.00
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   06/29/2023   \$100.00	11 yes, list Event #		Ex	ecutive	Legisl	ative	]		
Sanchez  Residential Street Address 344 Squareview Ln  State NY  If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality dued at more than \$5,000?  Last Name  Residential Street Address  State NY  If contributor a principal of a state contractor?  If yes, indicate which branch or branches of government the contract of a chief executive officer of a chief executive of		bit Card Payroll Deduction	Money Ord	ler					
Residential Street Address 344 Squareview Ln    City   Greece   Ny   14626-1866     Squareview Ln   Name of Employer   New York Life	Last Name			First					M,I.
344 Squareview Ln  Principal Occupation Audilor    Secontributor a lobbyjst, spouse, or dependent child of a lobbyjst?"   Yes dependent child of a lobbyjst?"   Yes dependent child of a lobbyjst?"   Yes when the present of the protection of a municipality valued at more than \$5,000?   Yes   You	Sanchez			Arm	nando				
Principal Occupation Auditor    Name of Employer New York Life	Residential Street Address		1 '	1			l	1 '	
Auditor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Auditor    No		, , , , , , , , , , , , , , , , , , ,	Greece				NY	14626-	1866
Amount of Contribution   Amount of Contribut					* -				
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  Sanchez  Residential Street Address  344 Squareview Ln  Principal Occupation Auditor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a ssociated with an event reported in Section L1?  If yes, list Event #  MI.  State Zip Code NY 14626-1866  NY 14626-1866  NY 14626-1866  Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  \$20.00  Aggregate contributions  MI.  MI.  Aggregate contributions  MI.  MI.  Aggregate contributions  MI.  Material Street Address  Armando  Name of Employer New York Life  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions	dependent shild of a labbring	municipality does contributor	or business	he/she is	s associated with have	a contract with said	Amour	t of Cont	ribution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/30/2023 \$170.00  Last Name Sanchez  Residential Street Address 344 Squareview Ln  Principal Occupation Auditor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or event reported in Section L1?  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:  Date Received Officer of a Aggregate contributions  Aggregate contributions  Mil.  Armando  City Greece  State Zip Code NY 14626-1866  NY 44626-1866  NY 44626-1866  Amount of Contribution municipality valued at more than \$5,000?  Yes No  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Date Received Aggregate contributions	event reported in Section L1?			or prosp	pective state contracto	i es			\$20.00
Cash	If yes, list Event#		Ex	ccutive	······	ative —			
Sanchez  Residential Street Address 344 Squareview Ln  Principal Occupation Auditor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Armando  State City Greece  NY  State NY  14626-1866  NY  Amount of Contribution  Amount of Contribution  State NY  State NY  14626-1866  NY  State NY  State NY  State NY  14626-1866  NY  State NY  14626-1866  NY  Amount of Contribution  State NY  State		bit Card Payroll Deduction	Money Ord	ler					
Residential Street Address 344 Squareview Ln  City Greece Name of Employer New York Life  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  City Greece Name of Employer New York Life  State Zip Code NY 14626-1866  Amount of Contribution of a contribution of 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 If yes, indicate which branch or branches of government the contract or prospective state contractor?  Yes If yes, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions	Last Name	· · · · · · · · · · · · · · · · · · ·		First					M.I.
344 Squareview Ln  Principal Occupation Auditor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Greece  Name of Employer New York Life  New York Life  Name of Employer New York Life  New Y	Sanchez			Arm	nando				
Principal Occupation Auditor    Name of Employer   New York Life	Residential Street Address		II			-	l .	1 -	
Auditor  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Method of contribution:   Date Received   Aggregate contributions	*		Greece				NY	14626-	1866
dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:    Method of contribution:   Date Received   Aggregate contributions	1			4					
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:    Method of contribution:   Date Received   Aggregate contributions   State   Aggregate contributions   Aggregate contributions   Aggregate   Aggregate contributions   Aggregate   Aggreg	dependent shild of a labbuist?	municipality does contributor	or business	he/she is	s associated with have	a contract with said	Amour	it of Cont	ribution
Method of contribution:    Contract is with:   Executive   Legislative	event reported in Section L1?	If yes, indicate which branch o		or prosi	pective state contracto	∐ i es			\$150.00
	If yes, list Event#		Ех	cecutive		ative			
		bit Card Payroll Deduction	Money Ord	ieг				7.5 HOLL TO	

\$270.00	SUBTOTAL Section B - This Page
\$16,110.00	TOTAL of Section B Pages
\$16,110.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC	FORM	20
Revised	Iannary	2015

State

СТ

Zip Code

06103-3509

Hartford

City

Date Received

06/28/2023

Revised January 2015	1. MONETARY RECEIPTS (Sections A-K)		Pag	e 53	OI	60
NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Filing Repository)	YPE O	F REPORT			
Sierra for Treasurer 2023	Ju	luly 10	filing			
	C1. Contributions from Other Committees		.59,120,020,037.0			100
Name of Committee Robinson & Cole State PAC	Name of Treasurer					
Address 280 Trumbull St	Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes	✓ No	Amoun	t of Cont	ribution

Aggregate Contributions

\$375.00

SUBTOTAL Section C1 - This Page	\$375.00
TOTAL of Section C1 Pages	\$375.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page	\$375.00

\$375.00

I. MONETARY RECEIPTS (Sections A-I	()	Page	54	of	60
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF RE	PORT			
Sierra for Treasurer 2023	July 10 filing	]			· · · · · · · · · · · · · · · · · · ·
Summary of Other Monetary Receipts (Sections D-K)					
Total Loans Received this Period (Section D)					\$0.0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+				\$0.0
Total Amount of Personal Funds of the Candidate Received this Períod (Section H)	+				\$0.0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.0

SEEC	FORM	20
Revised	Јапиагу	2015

Did your committee sell food or beverage at a fair or similar mass gathering held within the state?

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

Revised January 2015		,			
NAME OF COMMITTEE	Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REF	ORT	
Sierra for Treasurer 20	023		July 10 filing		
	L1. Event Info	ormation			
Event # Date of Event Letter 03/30/2023 a	Description  Meet and Greet Event				Was this a fundraising event?  Yes No
Location: Street Address  16 Pheasant Run		City Windsor		State CT	Zip Code 06095-1549
Subpart 1: (All Cor Was this event hosted	nmittees) at a personal residence?	Yes (If yes, go to Sect Contributions As  No required informat beverage and invi	ssociated with a significant source in the second s	a House Pa	s not Considered arty and complete e by host(s) for food,
	clude goods or services donated by a o \$200 or items donated by an individual	☐ Yes (If yes, go to Sect ✓ No Contributions an			
	tag sale, auction, or other sale of donated by an individual of up to \$100?	☐ Yes (If yes, enter Tota ✓ No	l Receipts here	e.)	
	Committees, Municipal Candidates and of advertising space in a program book or with this fundraiser?	d Political Committees other to Yes (If yes, go to Sect No Program Book of information.)	ion L3 Purchas	ses of Adve	ertising Space in a
- '	Committees ONLY)	Yes (If yes, enter Tota	ıl Receipts here	e.)	

✓ No

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

55

Page

SEEC FORM 20
Revised January 2015

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

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age	30	O,	٠,

NAME OF COMMITTEE	(Provide Complete Name as Registered with I	iling Repository)	TYPE OF REPORT	•			
Sierra for Treasurer 202	23		July 10 filing				
	L1. Event Info	ormation					
Event # Date of Event Letter 06/22/2023 a	Description Reception Event			Was this a fundraising event?  Yes No			
Location: Street Address 55 Pratt St	•	City Hartford	Sta CT	1			
Subpart 1: (All Com Was this event hosted a	at a personal residence?	Contributions As	sociated with a Ho on for any purchase	nations not Considered ouse Party and complete es made by host(s) for food,			
	ude goods or services donated by a \$200 or items donated by an individual	Yes (If yes, go to Section L4 In-Kind Donations not Considered No Contributions and complete required information.)					
	g sale, auction, or other sale of donated y an individual of up to \$100?	☐ Yes (If yes, enter Total	Receipts here.)				
	ommittees, Municipal Candidates and fadvertising space in a program book or th this fundraiser?	Yes (If yes, go to Section		of Advertising Space in a			
Subpart 3: (Town Condition of Did your committee sel mass gathering held with the Did you committee sel mass	ll food or beverage at a fair or similar	□ <sup>Yes</sup> (If yes, enter Tota	l Receipts here.)				

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

of

NAME OF COMMITTEE	(Provide Complete N	lame as Registered with I	iling Reposi	tory) TYPE O	F REPO	ORT	
Sierra for Treasurer 202	3			July 10	filing		
	L3.	Purchases of Adverti	sing in a Pr	ogram Book or on a Sign			
Name of Purchaser Professional Barber Sh	op				X Bu	e Made By: siness Entity lividual/Sole Pre	Other oprictorship
Street Address  97 Pratt St			City Hartford			State CT	Zip Code 06103-1620
Date Received	Event #	Aggregate Purchases for	r all Events	Amount of Progam Ad Purch	1000	Amount	of Sign Purchase
06/22/2023	062223a		\$100.00	\$100.	1	Amount	\$0.00
Name of Purchaser				umb man, a comment of the comment of	Purchase	c Made By:	
Prossage Wellness LL0					-	siness Entity lividual/Sole Pr	Other oprictorship
Street Address			City Hartford			State CT	Zip Code 06103-2855
200 Columbus Blvd, # :							
Date Received 06/22/2023	Event # 062223a	Aggregate Purchases fo	sr all Events \$250.00	Amount of Progam Ad Purch \$250.	- 1	Amount o	of Sign Purchase \$0.00
Name of Purchaser	•	•				c Made By:	
Anytime Sewer Drain &	Jet					siness Entity lividual/Sole Pr	Other oprictorship
Street Address			City Bloomfield	d		State CT	Zip Code 06002-5333
35 Peters Rd, Ste D  Date Received	Event#						
06/22/2023	062223a	Aggregate Purchases fo	\$250.00	Amount of Progam Ad Purch \$250.		Amount o	of Sign Purchase \$0.00
Name of Purchaser					Purchase	e Made By:	
Boisvert Plumbing LLC						siness Entity lividual/Sole Pro	Other oprietorship
Street Address			City			State	Zip Code
35 Peters Rd, Ste D			Bloomfield	d		СТ	06002-5333
Date Received	Event #	Aggregate Purchases fo	r all Events	Amount of Progam Ad Purch	nase	Amount	of Sign Purchase
06/22/2023	062223a		\$250.00	\$250.			\$0.00
Name of Purchaser						e Made By:	
Landmark Realty Group	D LLC					siness Entity dividual/Sole Pr	Other oprietorship
Street Address	Sto 206		City Rocky Hil	I		State CT	Zip Code 06067-1344
1880 Silas Deane Hwy Date Received	Event #	Aggregate Purchases fo	r all Evente	Amount of Progam Ad Purch	1000	A	of Cian Danahaaa
06/30/2023	062223a	ARRIORATE I INCHASES IC	\$250.00	\$250		Amount	of Sign Purchase \$0.00

\$1,100.00	SUBTOTAL Section L3  Total Purchases of Advertising in a Program Book - This Page
\$0.00	SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign - This Page
\$1,100.00	TOTAL of Section L3 Pages
\$1,100.00	TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

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

Page 58

60

of

NAME OF COMMITTEE	Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Sierra for Treasurer 2							
	P. Expense	s Paid by Commit	tee				
Name of Payee Evelyn Berry				Date of Payment 06/27/2023	Check	Method of Payment Check # 1008 Debit Card EFT	
Street Address 665 Saratoga Rd, Ap	ot 342	City Gansevoort			State NY	Zip Code 12831-1683	
Purpose of Expenditure (by code) REF	Description Refund of Excess Contribution		Event	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditus  Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	A B C D		\$150.00	
Name of Payee Blue Edge Strategies	3			Date of Payment 05/02/2023	Method of Check	# 1001	
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018	
Purpose of Expenditure (by code) CNSLT	Description Event #				***************************************	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control of the control o	ked)		\$1,500.00			
Name of Payec Blue Edge Strategies	S			Date of Payment 06/15/2023	Method of  ✓ Check  □ Debit (	# 1003	
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018	
Purpose of Expenditure (by code) CNSLT	Description Campaign Services		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind conti		\$2,000.00				
Name of Payee Michael Farina				Date of Payment 05/02/2023	Method of Check  ✓ Debit 0	#	
Street Address		City Manchester		***	State CT	Zip Code 06040-4520	
54 Robert Rd Purpose of Expenditure (by code) WEB	Description NGPVAN		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind cont		\$151.50				

SUBTOTAL Section P - This Page	\$3,801.50
TOTAL of Section P Pages	\$4,219.11
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$4,219.11

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

age 59

60

of

NAME OF COMMITTEE	Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Sierra for Treasurer 20	023			July 10 filing	47.1427,1111	and the second s
	P. Expense	s Paid by Commit	tee			
Name of Payce Date of Payment Michael Farina 06/15/2023				,	Method of Payment  ☐ Check #  ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	•		State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) WEB	Description Event #				***************************************	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent			\$151.50
Name of Payee Burdette Holtgrewe				Date of Payment 06/15/2023	Method of Check Debit	#
Street Address  27 Huntington St		City Manchester			State CT	Zip Code 06040-4235
Purpose of Expenditure (by code) PRNT	Description Event #  Letters to DTC					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind control		\$66.11			
Name of Payee Denise Nappier				Date of Payment 06/27/2023	Method of Check Debit	# 1009
Street Address 110 Westerly Ter	·	City Hartford			State CT	Zip Code 06105-1117
Purpose of Expenditure (by code) REF	Description Refund of Excess Contribution	·	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditus  Coordinated without reimbursement sought (in-kind cont	committee) Indeper	ident	cked)		\$50.00
Name of Payee Venice Sotomayor				Date of Payment 06/27/2023	Method of Check	# 1010
Street Address		City Hartford			State CT	Zip Code 06103-1822
5 Constitution PIz Purpose of Expenditure	Description		Even	ıt#	-	
(by code) REF	Refund of Excess Contribution	ulas KNIs Cat 1 1 1				Amount \$450.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	Cked)		\$150.00

\$417.61	SUBTOTAL Section P - This Page
\$4,219.11	TOTAL of Section P Pages
\$4,219.11	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Revised January 2015	IV, E	XPENDIT	URES (Sections )	P-T)		Pag	e 60	of	60
NAME OF COMMITTEE	E (Provide Complete Name as Register	ed with Filing	Repository)		TYPE O	F REPORT			
Sierra for Treasurer 20	)23	e mente de communicación pode el <del>me</del> d		and a see a second section (1995)	July 10	filing	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The gray to the first flam	and the second second
	T. Itemization of Reiml	bursements	to Committee Wor	kers and	 Consult:	ants			
Last Name of Worker/Consu	iltant	First			МІ	Date of Payn	nent to Ver	ndor, Person	or Entity
Farina		Michael				05/02/2	2023		
Name of Vendor, Person or NGPVAN	Entity Paid by Committee Worker/Consultant			•	as repor	t to Reimburse ted in Section P ck#	·	Worker/Co	nsultant EFT
Street Address			City				State	Zip Cod	
1101 15th St NW, St	e 500		Washington				DC	20005	i-5006
Purpose of Expenditure (by code) WEB	Description email fundraising and database n	nanagement	t	Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization:  A  B  C  D							;	\$151.50
Last Name of Worker/Consultant First MI Date of Payr Farina Michael 06/15/						ndor, Person	or Entity		
Name of Vendor, Person or NGPVAN	Entity Paid by Committee Worker/Consultant				as repor	t to Reimburse ted in Section F	·:	: Worker/Co Debit Card	onsultant BET
Street Address			City		Lonnol		State	Zip Cod	
1101 15th St NW, St	e 500		Washington				DC	20005	5-5006
Purpose of Expenditure (by code) WEB	Description email fundraising and database n	nanagement	t	Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sough	ther candidate or (joint expenditu	r committee) re) Indeper	ndent	В	_с _р		;	\$151.50
Last Name of Worker/Const Holtgrewe	litant	First Burdette	***************************************		MI	Date of Payr 04/18/		ndor, Person	or Entity
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant	<u> </u>			as repor	nt to Reimburse rted in Section I		: Worker/Co Debit Card	onsultant EFT
Street Address 35 Talcottville Rd			City Vernon		11		State CT	Zip Cod 06066	ic 3-5261
Purpose of Expenditure (by code) PRNT	Description printing letters			Event #				Amount	:
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve and Coordinated with reimbursement sought	ther candidate o	r committee)	•					\$66.11

SUBTOTAL Section T - This Page	\$369.11
TOTAL of Section T Pages	\$369.11
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$369.11

Organization: A B C D

Coordinated with reimbursement sought (joint expenditure)

Coordinated without reimbursement sought (in-kind contribution)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
	S. Expenses Incurred by Comn	nittee but Not Paid l	During this Period			
Name of Creditor  Blue Edge Strategies			Date Incurred 06/01/2023			
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040	
Purpose of Expenditure (by code) CNSLT	Description  Consulting fees		Event#	Amount Incurred (Estimate or Actual)		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required to S. None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Independent t (joint expenditure) ☐ Organization: ○ A ○ B ○ C ○ D			\$1,000.00	
Name of Creditor Blue Edge Strategies				Date Incurred 05/26/2023		
Street Address 54 Robert Rd		City Manchester			Zip Code 06040	
Purpose of Expenditure (by code) MISC	Description  Texting Verification				ount Incurred mate or Actual)	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)  None of the below			\$109.00		
Name of Creditor Blue Edge Strategies			# 1 D	Date Incurre 05/26/2		
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040	
Purpose of Expenditure (by code) MISC	Description  MMS Texting		Event#	Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required as None of the below  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepe		\$128.60 D		
		SUBTOTAL Section	S-This Page \$1237.60			
TOTAL of additional Section S Pages \$1237.60						
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)  \$1237.60						
Previously reported Expenses Unpaid and still Outstanding \$1105.27						
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID \$2342.87  (Enter total on Line 28a, Column A of Summary Page Totals)						