# **SEEC FORM 20**

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

	Page	1	of	52
Do Not Mark in This Space For Official Use Only				

		C	<b>UV</b>	ER PAC	ЭE					
1. NAME OF COMMITTEE			Mild.				PARKE			
Sierra for Treasurer 2023										and the state of t
2. TREASURER NAME					A A Property of the Control of the C				hand Land	- <u> </u>
First		MI		Last				******	Suffix	14 KY 174 ch
Malekhaiblu	Paquette				45 10 10 10 10 10 10 10 10 10 10 10 10 10		· · · · · · · · · · · · · · · · · · ·			
3. TREASURER ADDRESS									L TO	
Street Address			City	1				رين الرياق (مرياق)	State	Zip Code
10 Concorde Way, Unit B1			Wind	sor Locks				م منظم المنظم المنظم المنظم المنظم المنظ	ζţ	06096
4. ELECTION/REFERENDUM DATE	5. OFFICE SO	UGHT	(Con	nplete only if Cai	ndidate	Committee)	6. DIS	TRICT NU	MBER()	
(mm/dd/yyyy)							(if appl	icable)		
11/07/2023	Treasurer						0			
7. CANDIDATE NAME (Complete onl	y if Candidate or Exp	lorator	y Con	ımittee)	tally the sec					
First		ΜI		Last					Suffix	
Carmen			ķ	Sierra						
8. TYPE OF REPORT (Check One B	lox)	- 1 - 1	- 15				Persentation of			3 (2) (3) (4) (4)
	7th day preceding 30 days following 7th day preceding 6 12th day preceding (State Central Compatible 45 days following held in November	primary election gelection mittees	y 1 on s <i>Only</i> ,	45 day Defici	ys follov	ding referendur	m	Initial Contr (PACs ON Amendment Type of Rep	LY) t to	Disbursement
	ginning Date					Inding Date				
07/	01/2023		_	thru	0:	9/30/2023				
10. CERTIFICATION	<u> </u>						appropriate			
I hereby certify and state, under pe  Campaign Finance Disclosure St  Mully Pay A  TREASURER OR DEPUTY TREASURE	atement for the p			ered is true, ac $M$ $c$	ecurate UC			Itemized He	DATE (mr	)/2023 n/dd/yyyy)
		3.13.33.	Ar Aggress Franklike				14, W. 134, W.			
				ve vitas eta en 1911	<u> </u>	e in region of the form	<u> </u>	rana da debe	and the second of the second of	<u> 1868 - 1865 - 1867 - 1868</u>
A person who is foun	d to have knowing statutes faces a						ampaign	finance		

# **SEEC FORM 20**

# Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015 Page 2 of 52

# SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Sierra for Treasurer 2023	October 10 filing	· COLLINANI D		
	COLUMN A This Period	COLUMN B Aggregate		
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00		
12. Balance on hand at the beginning of Reporting Period	\$41,575.34			
13. Contributions received from Individuals (Section A and B)	\$12,625.00	\$55,781.00		
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$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)	\$350.00	\$3,700.00		
17. Total Monetary Receipts (add totals for lines 13-16c)	\$12,975.00	\$59,856.00		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$54,550.34	\$59,856.00		
19. Expenditures Paid by Committee (Section P)	\$24,498.58	\$29,454.24		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$30,051.76	\$30,401.76		
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	\$0.00		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$2,275.01			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$2,275.01			

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NAME OF COMMITTEE (Provide Complete	te Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT		٠.	
Sierra for Treasurer 2023	October 10 filing			,				
A. Total Contributions from Small Con (See instructions for definition of Small Contr		Period O		Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions fr	om Individuals			· · · · · · · · · · · · · · · · · · ·	
Last Name			First					M.I.
Arroyo			Liar	ıy				
Residential Street Address		City				State	Zip Code	
126 Westerly Ter		Hartford	d ———			СТ	06105-1	1117
Principal Occupation Executive			- 14	of Employer ter Oak Health C	enter			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or branches of government the	r —			∐ Tes ✓ No			\$250.00
If yes, list Event #  Method of contribution:  Cash Personal Check CCredit/Debit of	contract is with:		ecutive er	Date Received 07/01/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
Morrissey			Mar	jorie				
Residential Street Address		City	<u> </u>		<del>!!!!</del>	State	Zip Code	
4 Goodwin Cir		Hartford	Ė			CT	06105-5	5201
Principal Occupation Retured			Name o	of Employer ed				
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 Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or		or prosp	ective state contractor	? ☐ Yes ☑ No			\$250.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutive	Legisla	ntive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit (	Card Payroll Deduction	Money Orde	er	Date Received 07/02/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
Santana			Noe	mi				
Residential Street Address 4605 Frances Dr		City Delray E	Beach			State FL	Zip Code 33445-3	3256
Principal Occupation				of Employer	·			-
PR Consultant			TANA	A Communication	าร			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more th	or business I				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the				?			\$100.00
If yes, list Event #	contract is with:	Exc	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit C	Card Payroll Deduction	Money Orde	er	Date Received 07/07/2023	Aggregate contributions \$150.00			

			SUBT	OTAL Section B - This Page	\$600.00
				TOTAL of Section B Pages	\$12,625.00
	TOTAL O	网络克莱克 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	化连头点点 经总额债券 经收益 经收益 医动脉管 医抗菌	DIVIDUALS (Sections A + B)  Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Co	mplete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT		1	
Sierra for Treasurer 2023					October 10 filing			
A. Total Contributions from Small		Period O						
(See instructions for definition of Small				Subtotal Section A	<u> </u>	*****		\$0.00
	B, Itemized (	Contributi		rom Individuals				
Last Name			First					M.I.
March			Antl	hony	**-			
Residential Street Address		City				State	Zip Code	
17028 Candeleda		Tampa	,			FL	33613	
Principal Occupation Owner			1	of Employer hhodge Auto				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which branch of branches of government the	or	or prospecutive	_	∐ Tes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/	contract is with:  Debit Card Payroll Deduction			Date Received 07/10/2023	Aggregate contributions \$200.00			
Last Name			First		<del> </del>			M.I.
Reyes			Ger	aldo				
Residential Street Address	······································	City	<del>/</del>		··	State	Zip Code	
30 Madison St		Waterbu	ury			CT	06706-1	1718
Principal Occupation State Representative				of Employer 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 to	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		or prosp	nective state contractor	∐ 1 es			\$50.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive					
Method of contribution:  Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Orde	er	Date Received 07/02/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Manafort			Jase	on				
Residential Street Address		City		<del></del>		State	Zip Code	
12 Northeast Rd		Farming				СТ	06032-1	719
Principal Occupation President		ĺ		of Employer 'M, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o		or prosp	ective state contractor	? ☐ Yes ✓ No			\$250.00
If yes, list Event #	branches of government the contract is with:	☐ Exc	ecutive	Legisla	ative			44
Method of contribution: Cash Personal Check Credit/	Debit Card Payroll Deduction	Money Orde	er	Date Received 07/10/2023	Aggregate contributions \$250.00		*	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Prov	ide Comple	te Nan	ne as Registered with F	iling Repo.	sitory)			TYPE OF REPORT			
Sierra for Treasurer 2023								October 10 filing			
A. Total Contributions from	Small Cor	ıtribu	tors - Received this	Period (	DNLY	7					
(See instructions for definition of .	Small Conti	ributor				Subtot	al Section A	1			\$0.00
	1	H . 1977	B. Itemized C	Contribut	ions i	î om In	dividuals				Fs. 1. 12
Last Name					Firs	it					M.I.
Mejias					Ro	melia					
Residential Street Address			· · · · · ·	City	!				State	Zip Code	_
175 Freeman St				Hartfor					СТ	06114-2	722
Principal Occupation Behavioral technician					1	e of Emple ployed	oyer				:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Ves  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No									Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes		ributor a principal of a sta		or pro	spective st	ate contractor	r? Yes			\$25.00
If yes, list Event #	<b>✓</b> No	bran	<ul> <li>indicate which branch or ches of government the act is with:</li> </ul>		cecutiv	ve	Legisl	ative No	}		+_5.55
Method of contribution: Cash Personal Check	Credit/Debit	Card	Payroll Deduction	Money Ord	ler	Date Re 07/11	eceived /2023	Aggregate contributions \$175.00			
Last Name					Firs	t					M.I.
Aponte					Am	nanda					L
Residential Street Address			-	City					State	Zip Code	070
163 Bradford Walk				New B					СТ	06053-1	0/3
Principal Occupation Director					1	of Emplo ity Colle					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	mu	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business	he/she	is associat			Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☑ No	If yes	ributor a principal of a stat , indicate which branch o thes of government the	r	or pros	_	ate contractor	✓ No			\$50.00
Method of contribution:		conti	act is with:		CCUIIV	Date Re		Aggregate contributions	}		
Cash Personal Check 🗸	Credit/Debit	Card	Payroll Deduction	Money Ord	ler	07/12	/2023	\$50.00			
Last Name					First	t		• ***			M.I.
Colon					Me	lvyn					
Residential Street Address				City					State	Zip Code 06413-1	E04
6 Fish Plain Rd				Clinton	Name	of Engl			СТ	00413-1	554
Principal Occupation Nonprofit Manager					SIN	of Emplo A	yer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	mu	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business					Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ✓ No	If yes	ributor a principal of a stat , indicate which branch or hes of government the act is with:	r	or pros		ate contractor	✓ No			\$100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit			Money Ord	ler	Date Re 07/12		Aggregate contributions \$125.00			
							*				

SUBTOTAL Section B This Page	\$175.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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Sierra for Treasurer 2023  A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)  B. Itemized Contributions from Individuals	\$0.00 M.I.
(See instructions for definition of Small Contributor)  Subtotal Section A	
	M.I.
	M.I.
Last Name First	
Diaz-Candelo Nitza	
Residential Street Address City State Zip Code 40 Regyor Hill In New Haven CT 06511-1	630
40 Deavel (IIII Lif	
Principal Occupation Name of Employer Education Consultant SERC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative	\$50.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 07/11/2023 \$50.00	
Last Name First	M.I.
Greenberg Kevin	
Residential Street Address City State Zip Code 775 N 24th St Philadelphia PA 19130-2	540
Principal Occupation Name of Employer	_
Attorney Greenberg Traurig	
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?	ibution
If yes, indicate when oranical or	\$250.00
If yes, list Event # contract is with: Executive Legislative	
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received O7/12/2023 \$250.00	
Last Name First	M.I.
Goico Anne	
Residential Street Address City State Zip Code 156 Walden St West Hartford CT 06107-1	741
Principal Occupation Retired 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?  Yes  Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes	ibution
The last of the la	\$100.00
If yes, list Event # branches of government the contract is with: Executive Legislative	
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order  Date Received 07/12/2023  Aggregate contributions \$100.00	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide	e Complet	e Name as Registered with Fi	ling Repos	itory)	100	TYPE OF REPORT			~
Sierra for Treasurer 2023						October 10 filing			•
A. Total Contributions from Sn	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor) Subtotal Section A									\$0.00
		B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name				First					M.I.
Davis				Jar	et				
Residential Street Address			City				State	Zip Code	
480 NE 31st St, Unit 3704			Miami				FL	33137-4	1594
Principal Occupation Managing Shareholder				ŧ .	of Employer enberg Traurig, P.	Α.			
Wanaging Onarcholaci				<u> </u>	<u> </u>		•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$250.00
event reported in Section L1?  If yes, list Event #	No	If yes, indicate which branch or branches of government the contract is with:		ecutive	eLegisla	<b>√</b> No			,
Method of contribution:  Cash Personal Check ✓ Co	redit/Debit (		Money Ord	er	Date Received 07/12/2023	Aggregate contributions \$250.00			
Last Name				First	1.		·		M.I.
Joplin				Joa	nie				
Residential Street Address			City	•			State	Zip Code	
27 Pearl St			Mystic				СТ	06355-2	2513
Principal Occupation Retired				Name Retir	of Employer Od				
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?	⊥¹es	Is contributor a principal of a state  If yes, indicate which branch or		or pros	pective state contractor	☐ 1 <i>c</i> 2			\$100.00
If yes, list Event #	<b>✓</b> No	branches of government the contract is with:	Ех	ecutive	eLegisla				
Method of contribution:  ✓ Cash Personal Check Contribution:	redit/Debit (	Card Payroll Deduction	Money Ord	er	Date Received 07/11/2023	Aggregate contributions \$100.00			
Last Name				First					M.I.
Herboldt				Gin	a				
Residential Street Address			City				State	Zip Code	
228 Goodrich St			Hartford				СТ	06114-2	833
Principal Occupation Retired				Name Retir	of Employer ed				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state		or prosp	pective state contractor	? Yes			\$25.00
	No	If yes, indicate which branch or branches of government the contract is with:		ecutivo	e Legisla	<b>✓</b> No tive			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit (		Money Ord	er	Date Received 07/15/2023	Aggregate contributions \$205.00		- 44	

SUBTOTAL Section B - This Page	\$375.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Sierra for Treasurer 2023			October 10 filing					
A. Total Contributions from Small C (See instructions for definition of Small Co		Period O	NLY	Subtotal Section A				\$0.00
(occ marrieners for definition of small co		'ontributi	one f			i ji een ji		
Last Name	D. Itemizeu (	JOHN TO HI	First		<u>.</u>			M.I.
Irizarry		Lav	Sar			Loui	T	i
Residential Street Address		City Windso	ır			State CT	Zip Code 06095-2	2020
21 Old Kennedy Rd Principal Occupation		**********		of Employer		101	00000 2	
Professor			ACC	• •				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business I				Amoun	ıt of Contı	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a star If yes, indicate which branch of branches of government the	or		_	∐ Tes ✓ No	***************************************		\$50.00
If yes, list Event #  Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/De	contract is with:		ecutive er	Date Received 07/14/2023	Aggregate contributions \$50.00	***************************************		
Last Name			First			<u> </u>		M.I.
Vega			Wil	son				
Residential Street Address		City				State	Zip Code	1
27 Shadow Brook Rd		West Si	imsbu	ıry		CT	06092-2	8008
Principal Occupation Executive			Name LDi	of Employer			**************************************	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amoun	t of Contr	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pros	pective state contractor	res			\$50.00
If yes, list Event #	branches of government the contract is with:	Exc	ecutive					
Method of contribution: Cash Personal Check Credit/Del	oit Card Payroll Deduction	Money Orde	er	Date Received 07/12/2023	Aggregate contributions \$50.00		100	
Last Name	<del></del>		First					M.I.
Neeley			Nici	holas				
Residential Street Address		City				State	Zip Code	
46 Oliver Rd		New Ha				СТ	06515-2	734
Principal Occupation RETIRED				of Employer IRED				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch o		or pros	pective state contractor	res		:	\$100.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive					
Method of contribution:  Cash Personal Check Credit/Del	oit Card Payroll Deduction	Money Orde	3r	Date Received 07/12/2023	Aggregate contributions \$100.00		_	

SUBTOTAL Section E	- This Page \$200.00
TOTAL of Sect	on B Pages \$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Line 13, Column A of Su	\$1∠,0∠0.UU

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Sierra for Treasurer 2023				October 10 filing			
A. Total Contributions from Small Contributors - Received this Pe	eriod ON	NLY :					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Con	atributio	ons fr	om Individuals				
Last Name		First					M.I.
Mack		   Willia	am				
	<u></u>				State	Zip Code	
103 Wilmot Rd	New Roo	chelle			NY	10804-1	1518
Principal Occupation			f Employer				
Attorney	(	Green	berg Truarig				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 municipality does contributor or municipality valued at more than	business he \$5,000?	ne/she is	associated with have a	contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of If yes, indicate which branch or branches of government the control is with	_	or prospe ecutive	ective state contractor. Legisla	☑ Yes			\$100.00
Method of contribution:	Ioney Order		Date Received 07/12/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Greer	J	Erne	st				
Residential Street Address C	City		***	<del></del>	State	Zip Code	£
1480 W Wesley Rd NW	Atlanta				GA	30327-1	845
Principal Occupation	I .		f Employer				
Attorney		Green	berg Traurig				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes municipality does contributor or t municipality valued at more than	business he				Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state co	ontractor or	or prospe	ctive state contractor?	Yes			\$250.00
If yes, indicate which branch or branches of government the			_	. ✓ No			Ψ230.00
If yes, list Event # contract is with:	Exec	cutive	Legisla	tive			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Method of Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	loney Order		Date Received 07/12/2023	Aggregate contributions \$250.00			
Last Name	<u> </u>	First	OTTEZEGES	Ψ230.00			M.I.
Bronisz		Betti	20				
	L	Detti	ıa		State	Zip Code	L
I .	/ernon				CT	06066-6	3147
Principal Occupation	1	Name of	f Employer				
Finance	1	State	of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 municipality does contributor or building municipality valued at more than	business he				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of If yes, indicate which branch or branches of government the				∐ 1es ✓ No			\$200.00
Contract is with:		cutive	Legislar	Aggregate contributions			J
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Mo	oney Order		07/13/2023	\$200.00			

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Sierra for Treasurer 2023			October 10 filing	October 10 filing			
A. Total Contributions from Small Contribut	ors - Received this Period (	ONLY	\$		<del></del>		
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00	
	B. Itemized Contribu	tions from Individuals		.;		. i i	
Last Name		First				M.I,	
Walton		Jeanine					
Residential Street Address	City			State	Zip Code		
539 Holly Rd	Lansdo	owne		PA	19050-3	3216	
Principal Occupation		Name of Employer					
HR Benefits Manager		AmeriHealth Caritas					
dependent child of a lobbyist?	ontribution is in excess of \$400 to a c nicipality does contributor or business nicipality valued at more than \$5,000°	he/she is associated with have		Amour	t of Cont	ribution	
event reported in Section L1? If yes,	ibutor a principal of a state contracto indicate which branch or hes of government the	_	☐ 1es	***************************************		\$250.00	
If you list Hyani #	ect is with:	xecutive Legisl	ative				
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Or	Date Received 07/14/2023	Aggregate contributions \$250.00				
Last Name		First				M.I.	
Ryan		Sophia					
Residential Street Address	City			State	Zip Code		
12 Gledhill Ln	West H	lartford	<u> </u>	CT	06117-1	153	
Principal Occupation Recruiter		Name of Employer Robert Half					
dependent child of a lobbyist?	ontribution is in excess of \$400 to a concipality does contributor or business incipality valued at more than \$5,000	he/she is associated with have		Amoun	t of Cont	ribution	
event reported in Section L1?	ibutor a principal of a state contractor indicate which branch or	r or prospective state contracto	res			\$250.00	
If yes, list Event # contra	hes of government the ct is with:	xecutive Legisl					
Method of contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction Money On	Date Received 07/14/2023	Aggregate contributions \$250.00				
Last Name	···	First				M.I.	
Leach		Bob					
Residential Street Address	City			State	Zip Code		
38 Miller St	New B			СТ	06053-2	820	
Principal Occupation Contractor		Name of Employer Leach Construction					
dependent child of a lobbyist?	ontribution is in excess of \$400 to a calcipality does contributor or business icipality valued at more than \$5,000?	he/she is associated with have		Amoun	t of Conti	ribution	
event reported in Section L1?	ibutor a principal of a state contractor indicate which branch or	r or prospective state contractor	res			\$250.00	
	hes of government the ct is with:	kecutiveLegisl	ative No				
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction Money Ord	Date Received 07/13/2023	Aggregate contributions \$250.00				
		1		Linov	Cir-		

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Sierra for Treasurer 2023			October 10 filing			
A. Total Contributions from Small Contributors - I (See instructions for definition of Small Contributor)	Received this Period O	NLY Subtotal Section A				\$0.00
	3. Itemized Contributi	ons from Individuals				
Last Name		First				M,I.
Katz		Stuart				
Residential Street Address	City			State	Zip Code	_
1 Gold St, Apt 24K	Hartford			СТ	06103-2	932
Principal Occupation Chief Financial Officer		Name of Employer Atlantic Development				
dependent child of a lobbyist?	on is in excess of \$400 to a can does contributor or business h valued at more than \$5,000?			Amour	it of Conti	ribution
event reported in Section L1? If yes, indicate	principal of a state contractor of which branch or overnment the	_	∐ Tes ✓ No			\$250.00
If yes, list Event # contract is wit  Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payr	oil Deduction Money Orde	Date Received 07/12/2023	Aggregate contributions \$250,00			
Last Name		First				M.I.
Kiene		Chris				
Residential Street Address	City		<del></del>	State	Zip Code	
27 Nye Rd	Glastonl			CT	06033-1	272
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? municipality	on is in excess of \$400 to a can does contributor or business h valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1?	principal of a state contractor of which branch or	or prospective state contractor	?			\$100.00
If yes, list Event # No branches of go contract is with		ecutive Legisla	ative			
Method of contribution:  Cash Personal Check Credit/Debit Card Payr	oll Deduction Money Orde	Date Received 07/12/2023	Aggregate contributions \$100.00			
Last Name		First				M.I.
Tolli		Curtis				
Residential Street Address	City			State	Zip Code 19428-2	407
2112 Julia Dr	Conshol	Name of Employer		PA	19420-2	467
Principal Occupation Attorney		Greenberg Traurig LL	P			
dependent child of a lobbyist?	on is in excess of \$400 to a can does contributor or business be valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1?  Yes  If yes, indicate branches of roots.	orincipal of a state contractor of which branch or vernment the	<u>_</u>	□ res		;	\$250.00
If yes, list Event # contract is with		cutive Legisla	ntive			
Method of contribution: Cash Personal Check Credit/Debit Card Payr	oll Deduction Money Orde	Date Received 07/12/2023	Aggregate contributions \$250.00			
	·					

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Sierra for Treasurer 2023	•	<u> </u>				October 10 filing	October 10 filing		
A. Total Contributions from Sma			Period O		0.14.616.4				ድረ ዕር
(See instructions for definition of Sma	ll Contrib	and the second s	and will sad	1, 57	Subtotal Section A rom Individuals				\$0.00
		B. Itemizea C	ontributi	First	rom individuals		· · · ·		M.I.
Last Name									141.1.
Crzu				Elvi	ra			I a. a .	
Residential Street Address 312 Miriam Rd			City New Bri	itain			State CT	Zip Code 06053-1	1476
Principal Occupation Retired				Name Retir	of Employer ed				
January 1, 111 J. C., 1-14, 1, 149	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate he/she i	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said  No	Amoun	t of Cont	ribution
event reported in Section L1?	No No	contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or prosp		∐ Tes √ No			\$75.00
Method of contribution:	lit/Debit Ca		Money Ord		Date Received 07/16/2023	Aggregate contributions \$75.00			
Last Name		0.1 10:040		First					M.I.
Pratt				Mic	hael				
Residential Street Address			City	1			State	Zip Code	•
4550 Riverside Way	_		Philade	lphia			PA	19127-1	567
Principal Occupation Attorney	•				of Employer Inberg Traurig LL	P			
denonders shild of a labbruist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate he/she is	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
event reported in Section L1?	res	contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	?			\$250.00
If yes, list Event #		branches of government the contract is with:	Ex	ecutive	Legisla	ntive V NO			:
Method of contribution: Cash Personal Check Cred	lit/Debit Ca	ırd Payroll Deduction	Money Ord	er	Date Received 07/12/2023	Aggregate contributions \$250.00			
Last Name				First					M.I.
Scarola				Alex	kander				
Residential Street Address			City				State	Zip Code	
527 W Mount Vernon Ave			Haddon	,,,,,			NJ	08033-2	2607
Principal Occupation  Lawyer				3	of Employer Inberg Traurig 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 Conti	ribution
event reported in Section L1?	res	contributor a principal of a state  If yes, indicate which branch or		or prosp	pective state contractor	? ☐ Yes ☑ No			\$250.00
If yes, list Event #		branches of government the contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution:  Cash ✓ Personal Check Cred	lit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 07/13/2023	Aggregate contributions \$250.00			

\$575.0	SUBTOTAL Section B - This Page
\$12,625.0	TOTAL of Section B Pages
\$12,625.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Sierra for Treasurer 2023			October 10 filing			
A. Total Contributions from Small Contributors - Received this Perio	od ONL	Υ		-		
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contri	butions	s from Individuals		<del></del>	,	
Last Name	F	rirst				M.I.
Nurse	E	Ellen				
Residential Street Address City		·	***	State	Zip Code	
53 Congress St Har	tford			СТ	06114-4	1067
Principal Occupation Retired	1	me of Employer etired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to municipality does contributor or busing municipality valued at more than \$5.0 to the state of \$400 to municipality valued at more than \$5.0 to the state of \$400 to the	ness he/sl			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a state contract of the section of the sect	actor or p		☑ res			\$100,00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	Date Received 07/31/2023	Aggregate contributions \$100.00			
Last Name	Fi	irst				M.I.
Sentner	F	rank				
Residential Street Address City				State	Zip Code	
ET Cupitor/100	tford			CT	06106-1	707
Principal Occupation Consultant		me of Employer elf Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to municipality does contributor or busing municipality valued at more than \$5,60 to municipality valued at more than \$5,60 to municipality valued.	ness he/sh			Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes If yes, list Event #  Yes Is contributor a principal of a state contract of the section of the s	actor or pr		☑ Tes			\$100.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money			Aggregate contributions \$100.00			
Last Name	·	irst	ψ100,00			M.I.
Anderson		(yle				
Residential Street Address City				State	Zip Code	
To Tower / Wo	tford			СТ	06120-1	020
Principal Occupation retired		me of Employer etired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5,0	ness he/sh			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contra if yes, indicate which branch or branches of government the contract is with:	Execut		☐ Yes ✓ No			\$30.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money	Order	Date Received 07/25/2023	Aggregate contributions \$30.00			

SUBTOTAL Section B - This Page	\$230.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Sierra for Treasurer 2023						October 10 filing			
A. Total Contributions from Sm (See instructions for definition of Sma			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized (	Contributi	ons fi	rom Individuals				
Last Name		<u></u>		First					M.I.
Draghi				Gai	ry				
Residential Street Address		. <del></del>	City				State	Zip Code	A.n-
4 Patricks Ct			Walling	ford			CT	06492-2	2692
Principal Occupation Director				1	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 to	or business I				Amoun	it of Conti	ribution
event reported in Section L1?	] Yes ]No	s contributor a principal of a state of the state of the state of the state of government the	г	or pros		∐ res ☑ No			\$150.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cree		contract is with:  ard Payroll Deduction	Money Ord		Date Received 07/24/2023	Aggregate contributions \$250.00			
Last Name		-		First		••••••••••••••••••••••••••••••••••••••			M.I.
Bond				Mai	ritza				
Residential Street Address			City				State	Zip Code	
784 Quinnipiac Ave			New Ha				СТ	06513-3	3301
Principal Occupation Administrator				į.	of Employer of New Haven				
dependent shild of a labbrast?	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
event reported in Section L1?	] res	s contributor a principal of a state If yes, indicate which branch o		or prosj	pective state contractor	res			\$30.00
If yes, list Event #		branches of government the contract is with:	☐Exe	ecutive	Legisla	tive No			
Method of contribution:  Cash Personal Check ✓ Cree	dit/Debit Ca	ard Payroll Deduction	Молеу Orde	er	Date Received 07/21/2023	Aggregate contributions \$30.00			
Last Name	_	-		First					M.I.
Bell				Jan	nie				
Residential Street Address			City	4	-	,	State	Zip Code	0.45
35 S Main St	-	, <u></u>	East Ha				СТ	06424-1	645
Principal Occupation Self Employed					of Employer Employed —				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_Yes ZNo	If contribution is in excess of municipality does contributor nunicipality valued at more th	or business han \$5,000?	ne/she is	s associated with have a Yes	contract with said No	Amoun	t of Contr	ibution
event reported in Section L1?	res	contributor a principal of a stat  If yes, indicate which branch of		or pros	pective state contractor?	L res			\$50.00
If yes, list Event #	No	branches of government the contract is with:		ecutive	Legisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree	dit/Debit Ca	rd Payroli Deduction	Money Orde	er	Date Received 07/30/2023	Aggregate contributions \$150.00		<u>.</u>	

SUBTOTAL Section B - This Page \$2	SUBTOTAL Section B - This Page	\$230.0
TOTAL of Section B Pages \$12,6	TOTAL of Section B Pages \$1	\$12,625.0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$12,6  (Enter total on Line 13, Column A of Summary Page	하나요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요요	\$12,625.0

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Sierra for Treasurer 2023						October 10 filing			
A. Total Contributions from Sn (See instructions for definition of Sm	- 145 - 1 A - 1		Period O	NLY	Subtotal Section	Ā			\$0.00
	144,777	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First					M.I.
Medina				Dav	<i>i</i> id				
Residential Street Address			City				State	Zip Code	
4 Skytop Dr, Apt F			Croton	On H	udson		NY	10520-1	1376
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				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r			∐ Tes ✓ No			\$100.00
If yes, list Event #  Method of contribution:  Cash Personal Check Cr	edit/Debit C	contract is with:	Money Orde	ecutive er	Date Received 07/31/2023	Aggregate contributions \$200.00	To the state of th		
Last Name				First		<u></u>			M.I.
Watson				Mai	y				
Residential Street Address			City	<u>.                                    </u>	<del>-</del>		State	Zip Code	
157 Downey Dr_		· · · · · · · · · · · · · · · · · · ·	Manche	ester			CT	06040-2	2507
Principal Occupation City Employee					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 Conti	ribution
event reported in section (2):	_ res	Is contributor a principal of a stat  If yes, indicate which branch or		or pros	pective state contracto	r? ☐ Yes ✓ No			\$100.00
If yes, list Event #	Z]No	branches of government the contract is with:	☐ Exc	ecutive	e	lative V 100			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Cre	edit/Debit C	Card Payroll Deduction	Money Orde	ег	Date Received 07/21/2023	Aggregate contributions \$130.00			
Last Name				First					M.I.
Newton				Will	iam			·	
Residential Street Address			City				State CT	Zip Code 06106-4	1197
40 Stanwood St			Hartford		of Employer		C i	00100-4	137
Principal Occupation Career Advisor					rican Job Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	Yes I	is contributor a principal of a state  If yes, indicate which branch or  branches of government the	·		_	∐ res ☑No			\$25.00
If yes, list Event #		contract is with:	∐Ехе	ecutive		ative			
Method of contribution:  Cash Personal Check Cre	edit/Debit C	ard Payroll Deduction	Money Orde	er	Date Received 07/18/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Revosi	sitory)		TYPE OF REPORT			
Sierra for Treasurer 2023	-aron			October 10 filing			
A. Total Contributions from Small Contributors - Received this P	Period O	)NLY				<del></del>	
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co.	ntributi	ions fro	om Individuals	<u> </u>			
Last Name		First					M.I.
Newton		Willia	am				
Residential Street Address	City				State	Zip Code	
40 Stanwood St	Hartford	d			CT	06106-4	4137
Principal Occupation		Name o	f Employer	·			
Career Advisor		Ameri	can Job Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h	he/shc is			Amour	it 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				∐ res ✓ No	444444444		\$50.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla				
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction N	Money Ordo	1	Date Received 07/31/2023	Aggregate contributions \$100.00			
Last Name		First			1		M.I.
Szubinski		Betty	,				
Residential Street Address	City	<u>,                                     </u>			State	Zip Code	<b>.</b>
34 Bates St	Hartford	d			СТ	06114-2	2707
Principal Occupation Retired		Name of Retire	f Employer d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h	he/she is a			Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state of   If yes, indicate which branch or branches of government the	contractor o	or prospe		∐ res ✓ No	Para e e e e e e e e e e e e e e e e e e		\$30.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla	tive	]		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction N	Money Orde		Date Received 07/26/2023	Aggregate contributions \$50.00			
Last Name		First			I		M.I.
Colon		Melv	yn				
1	City	·			State	Zip Code	
6 Fish Plain Rd	Clinton				CT	06413-1	1534
Principal Occupation Nonprofit Manager		Name of SINA	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business h	he/she is a			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of If yes, indicate which branch or branches of government the contract is with:		or prospe	ctive state contractor	∐ 1es			\$25.00
Method of contribution:	Money Orde		Date Received 07/31/2023	Aggregate contributions \$125.00			
		L_			1		

SUBTOTAL Section B - This Page	\$105.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Sierra for Treasurer 2023			October 10 filing			
A. Total Contributions from Small Contributors - Received this Peri	riod ONL	<b>X</b>				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Conti	tribution	s from Individuals				
Last Name	F	irst				M.I.
Levin	J	ay				
Residential Street Address City			···	State	Zip Code	
25 TOTALISCOLLEG	ew Londo			CT	06320-2	2932
Principal Occupation lobbyist/attorney		me of Employer y B. Levin Governm	ent Balations Cons	ultina l	I.C.	
				aiting, L		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 municipality does contributor or bu municipality valued at more than \$3	usiness he/sl			Amour	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state contributor aprincipal of	ntractor or p	rospective state contractor	? Yes			\$50.00
event reported in Section L1?  If yes, indicate which branch or branches of government the			✓ No			Ψ30.00
If yes, list Event # contract is with:	Execu		tive			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Order	Date Received 07/30/2023	Aggregate contributions \$150.00			_
Last Name	F	irst				M.I.
Aina	C	Dlaleye				
Residential Street Address Cit	•			State	Zip Code	7744
Z Drooke Ot	loomfield	wa of Em-1		СТ	06002-2	2711
Principal Occupation Unemployed		me of Employer nemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$400 municipality does contributor or but municipality valued at more than \$5	usiness he/st			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contributor aprincipal of a s	tractor or p	rospective state contractor	?			\$100.00
If yes, list Event # V No branches of government the contract is with:	Execut	tive Legisla	tive			4
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Mon-	ncy Order	Date Received 07/31/2023	Aggregate contributions \$250.00			70
Last Name	Fi	irst				M.I.
Haim	D	aniel				
Residential Street Address City	ty			State	Zip Code	
31 Woodland St Ha	artford			CT	06105-2	2332
Principal Occupation Retired	1	me of Employer etired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to municipality does contributor or bus municipality valued at more than \$5	isiness he/sh			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state cont If yes, indicate which branch or branches of government the contract is with:	ntractor or pr		☐ res ✓ No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐ Monday	ncy Order	Date Received 07/16/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Com	plete Name as Revistered with F	iling Repos	itory)		TYPE OF REPORT	•		
Sierra for Treasurer 2023	7.000		,		October 10 filing			
A. Total Contributions from Small (	ontributors - Received this	Period O	NI.V		Outopo, to mixing			
(See instructions for definition of Small C		101104		Subtotal Section A	X.			\$0.00
, so the second		ontribut	ions f	rom Individuals	1			
Last Name	D. Itolineta (	2011111211	Firs					M.I.
Rogers			Me	lissa				
Residential Street Address		City	IVIC	11000	·	State	Zip Code	<u> </u>
1715 Fredrica Dr		Orlando	)			FL	32812-8	3853
Principal Occupation			Name	of Employer	***		<u>.l.</u>	
Attorney			Gree	enberg Traurig				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality door gogtributor	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a star  If yes, indicate which branch of branches of government the	or	Ī	_	∐ 1es ✓ No			\$250.00
If yes, list Event #	contract is with:	Ex	ecutiv		ative			
Method of contribution:  Cash Personal Check ✓ Credit/D	ebit Card Payroll Deduction	Money Ord	ler	Date Received 07/18/2023	Aggregate contributions \$250.00	i		
Last Name		<u> </u>	Firs	t	*****			M.I.
Rogers			Lar	ry				
Residential Street Address		City			<del></del>	State	Zip Code	
1715 Fredrica Dr		Orlando	)			FL _	32812-8	853
Principal Occupation Retired			Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality dose contributor	or business				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pros	_	✓ No			\$250.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative	]		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/December 2   Personal Chec	ebit Card Payroll Deduction	Money Ord	er	Date Received 07/18/2023	Aggregate contributions \$250.00			
Last Name			First	<u></u>				M.I,
Wilson			Jea	ın				
Residential Street Address	<u></u>	City				State	Zip Code	
1720 Conway Isle Cir		Belle Is	le			FL	32809-3	500
Principal Occupation Attorney			•	of Employer enberg Traurig				
Is contributor a lobbyist, spouse, or Ye	es If contribution is in excess of	CARD to a par	ndidate	committee for a chief	evacutive officer of a			
dependent child of a lobbyist?	municipality does contributor	or business I				Amoun	t of Centi	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the	г		_	∐ Ies ✓ No			\$250.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisla	tive			
Method of contribution:  Cash Personal Check ✓ Credit/De	ebit Card Payroll Deduction	Money Orde	er	Date Received 07/18/2023	Aggregate contributions \$250.00			·

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Sierra for Treasurer 2023			October 10 filing			
A. Total Contributions from Small Contributors - Received	I this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section	n A			\$0.00
	zed Contributi	ons from Individua	ls			
Last Name		First				M.I.
Wilson		Donna				
Residential Street Address	City			State	Zip Code	<u> </u>
1720 Conway Isle Cir	Belle Isl	le		FL	32809-3	3500
Principal Occupation		Name of Employer				
Homemaker		Retired				
	ributor or business l	ndidate committee for a chi he/she is associated with ha		Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, indicate which by branches of government	ranch or	or prospective state contrac	etor? Yes			\$250.00
If yes, list Event # contract is with:	Exc	ecutive Leg	islative			
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduct	tion Money Orde	Date Received er 07/19/2023	Aggregate contributions \$250.00			
Last Name		First				M.L.
Jones		Willie				
Residential Street Address	City	<u> </u>		State	Zip Code	<u> </u>
27 Kibbe St	Hartford	<u> </u>		CT	06106-2	2120
Principal Occupation Owner		Name of Employer Self Employed				
	ributor or business l	ndidate committee for a chi ne/she is associated with ha Yes		Amour	nt of Cont	ribution
event reported in Section L1? Lives, indicate which br		or prospective state contrac	∐ 1 cs			\$100.00
If yes, list Event #	the Exc	ccutive Legi				
Method of contribution:  ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduct	tion Money Orde	Date Received 07/19/2023	Aggregate contributions \$100.00			
Last Name		First				M.I.
Baptist		Thomas				
Residential Street Address	City			State	Zip Code	
19 Brookside Ct	East Ha	·		CT	06424-2	2346
Principal Occupation Retired		Name of Employer Retired				
	ributor or business h	ndidate committee for a chie ne/she is associated with ha Yes		Amoun	it of Conti	ribution
event reported in Section L1? Yes If yes, indicate which br	anch or	or prospective state contrac	res			\$50.00
If yes, list Event #	the Exe	ecutive Legi	slative No			
Method of contribution:  ☐ Cash Personal Check	ion Money Orde	Date Received 07/19/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023					October 10 filing			
A. Total Contributions from Small Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Small Conti	ributor)			Subtotal Section	A.			\$0.00
	B, Itemized C	Contributi	ons fi	rom Individuals		:		
Last Name			First		<u> </u>			M.I.
Roman			Gal	e				
Residential Street Address		City	<u> </u>		<del></del>	State	Zip Code	
206 Lakewood Rd		South 6	Glasto	nbury		CT	06073-2	2330
Principal Occupation			Name	of Employer				
Insurance Agent			Insite	Insurance Serv	ice			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state of the state of government the	r	or prosp	<u></u>	∐ res			\$250.00
Method of contribution:  ☐ Cash	contract is with:  Card Payroll Deduction	Money Ord		Date Received 07/19/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
Trujillo			Ale	xander				]
Residential Street Address		City	.L.——			State	Zip Code	<u> </u>
5 Sage Rd		Rocky F	Hill			CT	06067-1	1046
Principal Occupation Director				of Employer n of East Hartford	t			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or brosi	pective state contractor	r? ☐ Yes ✓ No			\$250.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	eLegisl	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 07/21/2023	Aggregate contributions \$250.00			
Last Name	-		First					M.I.
Zachs			Jes	sica				
Residential Street Address		City	.,			State	Zip Code	
53 Norwood Rd		West H		-		СТ	06117-2	235
Principal Occupation Self-employed			1	of Employer Ity Grows		_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of to municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section 1.1?	Is contributor a principal of a state  If yes, indicate which branch or		or prosp	pective state contractor	res			\$250.00
If yes, list Event #	branches of government the contract is with:	Ехе	ecutive	Legisl	ative No			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Ordo	er	Date Received 07/22/2023	Aggregate contributions \$250.00	l 		

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Sierra for Treasurer 2023			October 10 filing			
A. Total Contributions from Small Contributo	rs - Received this Period Of					
(See instructions for definition of Small Contributor)		Subtotal Section A	<u> </u>	·		\$0.00
	B. Itemized Contribution	ons from Individuals			· · · · · · · · · · · · · · · · · · ·	
Last Name		First				M.I.
Zachs		Zoe				
Residential Street Address	City			State	Zip Code	
53 Norwood Rd	West Ha			CT	06117-2	2235
Principal Occupation		Name of Employer				
Social Worker		Within Health				
dependent child of a lobbyist?	ribution is in excess of \$400 to a cand ipality does contributor or business he ipality valued at more than \$5,000?			Amoun	t of Cont	ribution
event reported in Section L1? If yes,	utor a principal of a state contractor o ndicate which branch or s of government the		∐ Tes ✓ No			\$200.00
If yes, list Event # contract		cutiveLegisla	tive			
Method of contribution:	Payroll Deduction Money Order	Date Received 07/23/2023	Aggregate contributions \$200.00			
Last Name		First				M.I.
Sparkowski		Edward				
Residential Street Address	City	····	···	State	Zip Code	
19 Juniper Ln	Vernon			СТ	06066-6	3147
Principal Occupation Owner		Name of Employer Diversified Individual i	Brokerage LLC			
dependent child of a lobbyist?	ribution is in excess of \$400 to a cano pality does contributor or business he pality valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1?	ator a principal of a state contractor or ndicate which branch or	r prospective state contractor				\$250.00
If yes, list Event # V No branche contract	s of government the Exec	cutive Legisla				
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Order	Date Received 07/26/2023	Aggregate contributions \$250.00			
Last Name		First		····-		M.I.
Crandall		Millie				
Residential Street Address	City			State	Zip Code	
2907 Ivy Lake Ct	Lakeland			FL	33811-2	2066
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? Italyo munic	ribution is in excess of \$400 to a cand pality does contributor or business he pality valued at more than \$5,000?			Amoun	t of Contr	ribution
cvent reported in Section L1?  If yes, i	stor a principal of a state contractor or indicate which branch or s of government the	r prospective state contractor	∐ 1es			\$100.00
Method of contribution:	15 WIU):	Date Received	Aggregate contributions			
Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Money Order	1 1	\$100.00		n-	

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	°\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Sierra for Treasurer 2023			October 10 filing			
A. Total Contributions from Small Contributors - Reco	eived this Period C	ONLY Subtotal Section	A			\$0.00
B. I	temized Contribut	ions from Individuals				
Last Name	<u> </u>	First				M.I.
Salito		HAILEY				
Residential Street Address	City			State	Zip Code	
82 Fresh Meadow Dr	Trumbu		4#FF	СТ	06611-1	111
Principal Occupation FINANCIAL ANALYST		Name of Employer KENEY PARK GOLI	F COURSE			
dependent child of a lobbyist? municipality doe		ndidate committee for a chie he/she is associated with hav Yes		Amour	nt of Conti	ribution
event reported in Section L1?  If yes, indicate where the parameter of government to the parameter of the pa	nich branch or	or prospective state contract	∐ Tes ✓ No	77477		\$100.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll I		Date Received	Aggregate contributions \$200.00	,		
Last Name		First		****,		M.I.
Aponte		Kristina				
Residential Street Address	City			State	Zip Code	
16 Court Park	West H			CT	06119-2	2001
Principal Occupation Administrator		Name of Employer ESPN				
dependent child of a lobbyist?   municipality does		ndidate committee for a chief he/she is associated with hav		Amoun	nt of Conti	ibution
Is this contribution associated with an event reported in Section L1?  Yes If yes, indicate who branches of govern	nich branch or	or prospective state contracto	or? ☐ Yes ☑ No			\$50.00
If yes, list Event # contract is with:	Ex	ecutive Legis	lative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll E	Deduction Money Ord	Date Received 07/31/2023	Aggregate contributions \$50.00	:		
Last Name		First				M.I.
Hendon		Lea				
Residential Street Address	City			State	Zip Code	
16 Park Ter	Hartford			CT	06106-1	318
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? Idas municipality does		he/she is associated with have		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a princ If yes, indicate who branches of govern contract is with:	ich branch or	or prospective state contractor ecutive	∐ Tes ✓ No			\$50.00
Method of contribution:		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll E	Deduction Money Ord		\$50.00			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Sierra for Treasurer 2023				October 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.
Johnson		Roi	nald				
Residential Street Address	City		****		State	Zip Code	· · · · · · · · · · · · · · · · · · ·
100 Wells St, Ste 2C	Hartford	d			СТ	06103-2	2928
Principal Occupation Attorney			of Employer Office of Ronald	S. Johnson			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess or municipality does contribute municipality valued at more	r or business !				Amoun	t of Centi	ribution
Is this contribution associated with an event reported in Section L1?  Yes  VNo  VNo  Is contributor a principal of a state of the section L1?  If yes, indicate which branch branches of government the	ог	-		✓ No			\$250.00
If yes, tist Event # contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ecutiv	Date Received 07/31/2023	Aggregate contributions \$250.00			
Last Name		First			,		M.I.
Almeida		Jos	e				
Residential Street Address 302 E Hill Rd	City Canton				State CT	Zip Code 06019-2	117
Principal Occupation Plumber			of Employer Plumbing + Heat	ring			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contribute municipality valued at more	r or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a ste If yes, indicate which branch branches of government the contract is with:	or	or pros		∏ No			\$250.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 07/19/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Bilodeau		Kell	у		·		
Residential Street Address	City	1			State	Zip Code	106
97 Roslyn St	Hartford		-£ F		СТ	06106-4	126
Principal Occupation Town Clerk			of Employer n of East Hampto	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business l				Amoun	t of Contr	ibution
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, list Event #  Is contributor a principal of a star of the section L1?  If yes, indicate which branch of the branches of government the contract is with:	al of a state contractor or prospective state contractor?  Yes h branch or				\$25.00		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 08/23/2023	Aggregate contributions \$50.00			
<del></del>							

\$525.00	SUBTOTAL Section B - This Page
\$12,625.00	TOTAL of Section B Pages
\$12,625.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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A. Total Contributions from Small Contributors - Received this Period ONLY  (See instructions for definition of Small Contributor)  B. Hemized Contributions from Individuals  Last Name  Gonzalez  B. Giv  Wethersfield  CT  Of 109-2208  State  CT  Of 109-2208  Amount of Contribution  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If yes, list Event # 082323a  Principal Occupation  Money Order  Date Received  OB/23/2023  Residential Street Address  Amount of Contribution  State  CT  Of 109-2208  Amount of Contribution  Amount of Contribution  Spous  Amount of Contribution  Spous  M.I.  Carmen and Luis  Residential Street Address  State  CT  Of 109-208  Amount of Contribution  Spous  Spous  M.I.  Carmen and Luis  State  CT  Of 109-3033  M.I.  Amount of Contribution  Spous  M.I.  Spous  M.I.  Spous  Spous  M.I.  Special Contributor a lobbyist, spouse, or dependent child of a lobbyi	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Substitutions for definition of Small Countibutors   Substitutions   From Individuals   Substitutions   Subs	Sierra for Treasurer 2023				October 10 filing			
Last Name   Gonzalez   State   Contributions from Individuals   First   State   Contribution   State   Contribut	A. Total Contributions from Small Contributors - Receiv	ed this Peri	od ONL	Y				
East Name   Gonzalez   Crew   Joshua   Joshua   State   Address   Crew   Wathersfield   Crew   Wathersfield   Crew   Crew   Wathersfield   Crew   C	(See instructions for definition of Small Contributor)			Subtotal Section A	.[			\$0.00
East Name   Gonzalez   Crew   Joshua   Joshua   State   Address   Crew   Wathersfield   Crew   Wathersfield   Crew   Crew   Wathersfield   Crew   C	B, Iten	nized Contr	ibution	s from Individuals				
Residential Street Address 340 Church St Wothersfield Name of Englower Unemployed Le contribution associated with an event reported in Section 1.17 Plays, list Ease & 9682923a Method of contribution associated with an event reported in Section 1.17 Principal Occupation Bellinoid Stiffword Dr Residential Street Address  Le this contribution associated with an event reported in Section 1.17 Principal Occupation Bellinoid of contribution Bellinoid Countribution Bellinoid of contribution associated with an even and the contribution associated with an even				<u></u>				M.I.
Residential Street Address 340 Church St Wathersfield	Gonzalez		ر ا	loshua				
Name of Employer   Contribution		City				State	Zip Code	l.
Unemployed  to contribution a lobbyist, spower, or dependent child of a lobbyist?    Yes dependent child of a lobbyist?   Yes outribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes   No		We	ethersfie	eld		СТ	06109-2	2208
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a dependent child of a lobbyist?   Yes   No   municipality vided at more than \$\$5.00?   Yes   Yos   No   Stitus contribution associated with an excess of \$400 to a candidate committee for a chief executive officer of a municipality vided at more than \$\$5.00?   Yes   Yos   Yos   S50.00   Yes   Yos   Yes   Yes	Principal Occupation		Na	me of Employer				
dependent child of a lobbyist?   No   municipality does contribution or business before is associated with have a contract with solution associated with an   Yes   Stocy   Yes   Month   Yes   Stocy   Yes   Yes   Month   Yes   Stocy   Yes	Unemployed		Ur	nemployed				
State   Contribution associated with an event reported in Section L17   Yes, list Event # 0823233   No   Payroll Deduction   Money Order   Date Received   Aggregate contributions   Section L17   Yes   State   Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution   Section L17   Yes   If contribution   Single Address   Payroll Deduction   Money Order   Date Received   Aggregate contributions   Sale   Zip Code   Officer of a municipality does contribute or pusiones he/she is associated with have a contract with said municipality of the contract is with:    State   Name   State   Name   Name of Employer   No   State   Name of Employer	dependent child of a lobbyist? municipality does co	ontributor or bus	siness he/sl	he is associated with have a	a contract with said	Amoun	t of Cont	ribution
Tyes, intersevent 6 082323a			ractor or p	rospective state contractor	? Yes			\$50.00
Cash	If yes, indicate which branches of governme		Execut	tiveLegisla	tive No			φ50.00
Residential Street Address 10S Stillwold Dr Principal Occupation Relitred Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    State   Zip Code   O6109-3033		uction Mone	ey Order					
Residential Street Address 106 Stillwold Dr Principal Occupation Relired    Name of Employer   Retired   Name of Employer   Retired	Last Name		F	irst				M.I.
106 Stillwold Dr	Garcia		c	Carmen and Luis				
Principal Occupation Retired    Name of Employer   Retired	Residential Street Address	City	,	····-		ı	Zip Code	
Restired    Retired   Retired   Retired	106 Stillwold Dr	We	ethersfie	eld		СТ	06109-3	3033
dependent child of a lobbyist?    No	• • • • • • • • • • • • • • • • • • • •		•		- · · · · · · · · · · · · · · · · · · ·			
event reported in Section L1?	dependent child of a lobbyist? Edition municipality does co	ontributor or bus	siness he/sl	he is associated with have a	a contract with said	Amoun	t of Conti	ribution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/29/2023 \$80,00  Last Name Nappier  Residential Street Address 110 Westerly Ter 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, indicate which branch or branches of government the contract is with:  Method of contribution:  Date Received O9/29/2023 Aggregate contributions O9/29/2023 \$80,00  M.I.  Man.  M.I.  Man.  Man.  City Hartford  Name of Employer Retired  Name of Employer Retired  Amount of Contribution  Amount of Contribution  Amount of Contribution  Method of 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  Aggregate contributions  Method of contribution:	event reported in Section L1? Lives, indicate which		ractor or pi	rospective state contractor?	L res			\$30.00
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   09/29/2023   \$80.00	If yes, list Event # contract is with:	nt the	Execut		tive			
Nappier  Residential Street Address 110 Westerly Ter  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is contributor a lobbyist with a contract is with:  Method of contribution:  Denise  City Hartford  City Hartford  Name of Employer Retired  Name of Employer Retired  Amount of Contribution  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 Vo No  Is contributor a principal of a state contractor or prospective state contractor?  Yes If yes, list Event #  Method of contribution:  Date Received   Aggregate contributions		uction Mone	ey Order					
Residential Street Address  110 Westerly Ter  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:  City Hartford  Name of Employer Retired  Name of Employer Retired  Amount of Contribution  State Cip Code 06105-1117  Amount of Contribution  Figure Spourment the contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate contributions	Last Name	<u></u>	Fi	irst				M.I.
Hartford  Principal Occupation Retired  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Is this contribution:    Yes   If contribution associated with an event reported in Section L1?   Yes   If yes, indicate which branch or branches of government the contract is with:    Method of contribution:    Date Received   Aggregate contributions   CT   06105-1117     Name of Employer   Retired   Amount of Contribution   Amount of Contribution   Amount of Contribution   Figure   If yes, indicate which branch or branches of government the contract or prospective state contractor?   Yes	Nappier		_   D	)enise				
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:  Name of Employer Retired  Amount of Contribution    Name of Employer   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, list Event #  Method of contribution:    Pes		Ha Ha				CI	06105-1	117
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:  In unicipality 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								
event reported in Section L1?  If yes, list Event #  Method of contribution:  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive  Date Received  Aggregate contributions	dependent child of a lobbyist? municipality does co	ntributor or bus	iness he/sh	ne is associated with have a	contract with said	Amoun	t of Contr	ribution
If yes, indicate which branch or branches of government the contract is with:    If yes, indicate which branch or branches of government the contract is with:    Executive	Yes Xes		ractor or pi	rospective state contractor?	Yes			100 001£
Method of contribution:  Date Received Aggregate contributions	If yes, indicate which branches of government		TEvernt	tive   Tanicle	√ No			ψ100.00
	Contract is with,							
		ıction Mone	y Order	1				

SUBTOTAL Section B - This Page	\$180.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide	Complete	Name as Registered with Fi	ling Reposi	tory)			TYPE OF REPORT			
Sierra for Treasurer 2023					,		October 10 filing			
A. Total Contributions from Sm	all Contr	ributors - Received this	Period O	NLY	ABAY C					
(See instructions for definition of Sm	tite of the coll	医大线性病 化二氯苯酚 经股份股份 医二氯甲基		100	Subtota	l Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Inc	lividuals			<u></u>	
Last Name				First						M.I.
Nappier				Der	nise					
Residential Street Address			City	_				State	Zip Code	
110 Westerly Ter			Hartford					CT	06105-1	117
Principal Occupation Retired				Name Retir	of Emplo ed	er/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?  If yes, list Event #	∐ Yes   ☑No	s contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp ecutive		te contractor	☑ Tes ✓ No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cree		contract is with:			Date Re 09/23/	reived	Aggregate contributions \$200.00			
Last Name				First						M.I.
Segarra				Este	ela					
Residential Street Address		•	City					State	Zip Code	
74 Haddam St			Hartford					СТ	06106-4	231
Principal Occupation Program Specialist				Name HPS	of Emplo	/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 than the contribution of the contribution of the contribution of the contribution is in excess of the contri	or business l		s associate			Amoun	t of Conti	ribution
event reported in Section £1?	z res	contributor a principal of a state  If yes, indicate which branch or		or prosp	occtive sta	te contractor	?			\$25.00
If yes, list Event # 082323a	_ ,	branches of government the contract is with:	Exe	ecutive	:	Legisla	tive			
Method of contribution:  ✓ Cash Personal Check Cre	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Re 08/23/	:	Aggregate contributions \$75.00			
Last Name				First						M.I.
Diaz				Mar	ilyn					
Residential Street Address			City					State	Zip Code	057
940 Poquonock Ave			Windso		6 F3 1			СТ	06095-1	857
Principal Occupation Retired				Retir	of Employ ed	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business t		s associate			Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	_ res ZNo	contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp ecutive		te contractor	∐ les ✓ No			\$25.00
Method of contribution:		contract is with:			Date Re		Aggregate contributions			
Cash Personal Check Cre	edit/Debit Ca	ard Payroll Deduction	Money Orde	er ]	09/30/		\$25.00		/HI	

SUBTOTAL Section B - This Page	\$100.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered to	TYPE OF REPORT					
Sierra for Treasurer 2023		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	October 10 filing			
A. Total Contributions from Small Contributors - Received (See instructions for definition of Small Contributor)	d this Period O	NLY Subtotal Section	A			\$0.00
B. Itemi	zed Contributi	ons from Individuals				····
Last Name	<u></u>	First				M.I.
Maya		Alma				
Residential Street Address	City	**		State	Zip Code	
220 Funston Ave	Bridgep	ort		CT	06606-3	3036
Principal Occupation Retired		Name of Employer Retired				
	tributor or business h	ndidate committee for a chief ne/she is associated with have Yes		Amour	nt of Conti	ribution
event reported in Section L1?    If yes, indicate which box branches of government   If yes, indicate which branches   If	ranch or	or prospective state contractor ecutive Legis	∐ Tes ✓ No			\$25.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payrol! Deduc		Date Received	Aggregate contributions \$50.00			
Last Name		First				M.I.
Pinkney-Narraine		Beayanky				
Residential Street Address	City	•		State	Zip Code	
137 Lawrence St	Hartford		-1-17	СТ	06106-4	609
Principal Occupation Sr. Administrative Assistant/Fair Housing Officer		Name of Employer City of Hartford				
	tributor or business h	ndidate committee for a chief ne/she is associated with have Yes		Amour	t of Conti	ribution
event reported in Section L1?	ranch or	or prospective state contracto	1es			\$40.00
If yes, list Event # Vo branches of government contract is with:	the Exe	ecutiveLegisl				
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduct	tion Money Orde	Date Received 08/11/2023	Aggregate contributions \$40.00			
Last Name	· · · · · · · · · · · · · · · · · · ·	First				M.i.
Watson		Mary			1	
Residential Street Address	City			State	Zip Code	
157 Downey Dr	Manche	ster		CT	06040-2	507
Principal Occupation City Employee		Name of Employer City of Hartford				
	ributor or business h	adidate committee for a chief ne/she is associated with have Yes		Amoun	it of Conti	ibution
res residential		or prospective state contracto	r? Yes			\$30.00
If yes, list Event #  If yes, indicate which by branches of government contract is with:	the	ecutive Legisl	ative No			400.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduct		Date Received	Aggregate contributions \$130.00			

SUBTOTAL Section B - This Page	\$95.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Sierra for Treasurer 2023					October 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY			-			
(See instructions for definition of Small Contributor)			Subtota	d Section A				\$0.00
B. Itemized C	ontributi	ons	rom Inc	lividuals				
Last Name		Firs	t					M.I.
Szubinski		Be	tty					
Residential Street Address	City					State	Zip Code	
34 Bates St	Hartford	tt				CT	06114-	2707
Principal Occupation		Name	of Emplo	yer				
Retired		neu	Jed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of a municipality does contributor of municipality valued at more the	or business l		is associate			Amour	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state	e contractor	or pro	spective sta	te contractor	? Yes	1		<b>#</b> 00 00
event reported in Section L1?  If yes, indicate which branch or branches of government the	r				. No			\$20.00
If yes, list Event # contract is with:	Ex	ecutiv	e	Legisla	ative			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroli Deduction	Money Ord	er	Date Re 08/23/	· ·	Aggregate contributions \$50.00			
Last Name		Firs	t					M,I.
Heslin		Joi	าก					
Residential Street Address	City					State	Zip Code	
17 Gun Mill Rd	Bloomfi					CT	06002-	1533
Principal Occupation Insurance Agent			e of Emplo ntworth [	<sub>ver</sub> Deangelis	Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor of municipality valued at more the	or business l		is associate			Amour	it of Cont	ribution
Is this contribution associated with an VYes Is contributor a principal of a state	e contractor	or pro	spective sta	te contractor	? Yes			\$100.00
event reported in Section L1?  If yes, list Event # 082323a  If yes, indicate which branch or branches of government the contract is with:		ecutiv	e	Legisla	— ✓ No	-		φ100.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Re 08/23/	ceivcd	Aggregate contributions			
Last Name	1	Firs		2020	φ100.00	<u> </u>		M.I.
Ward		Ka						
Residential Street Address	City					State	Zip Code	l
51 Chatham Dr	Storrs					СТ	06268-2	2763
Principal Occupation Retired		Name Reti	of Employ	/er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   Yes   If contribution is in excess of \$\frac{1}{2} \text{No}   No   Mo   Mo   Mo   Mo   Mo   Mo   Mo	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 state of the section L1?  If yes, indicate which branch or		or pros	pective sta	te contractor	?			\$25.00
If yes, list Event #	Exe	ecutiv	e	Legisla	ative [V]110			
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Red 07/31/		Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

**Page** 28 **of** 52

A. Total Contributions from Small Contributors - Received this Period ONLY  See instructions for definition of Small Contributors - B. Hemized Contributors in excess of \$400 to a candidate convenience for a chief executive officer of a municipality does contributor or bindings believe in societated with any event reported in Section 1.17  Last Name  Last Name  Levin Government Relations Consulting, LLC    State   Zip Code   CT   06320-2932	NAME OF COMMITTEE (Provide Complete N	TYPE OF REPORT	TYPE OF REPORT				
Subtotal Section A   Subtota	Sierra for Treasurer 2023			October 10 filing			
Levin   Levi				tion A			\$0.00
Residential Street Address   State   S		B. Itemized Contribu	tions from Individ	uals			
Residential Street Address 23 Worthington Rid	Last Name		First				M.I.
23 Worthington Rid	Levin		Jay			_	
Name of Employer   Jay B. Levine Government Relations Consulting, LLC	Residential Street Address	·	· .		1	1 -	
Lis contributor a Joblysist, spouse, or dependent child of a lobbysist of the properties of the prop	<u> </u>	New L			СТ	06320-2	2932
dependent child of a lobbyist?				vernment Relations Cons	sulting, L	.LC	
## Section 1.17   Tes   ## Sec	dependent child of a lobbyist?	municipality does contributor or busines:	s he/she is associated wit	h have a contract with said	Amour	nt of Cont	ribution
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Ogl/30/2023   \$150.00	event reported in Section L1?  If was list Event #	fyes, indicate which branch or ranches of government the		∐ tes ✓ No			\$50.00
Residential Street Address 650 Farmington Ave Principal Occupation Lawyer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list levent #	Method of contribution:	Ontract is with.	Date Received	I Aggregate contributions			
Residential Street Address 650 Farmington Ave Principal Occupation Lawyer    Some of Employer   Crumbie law group LLC	Last Name		First				M.I.
Hartford   Hartford   CT   O6105-2906	Crumbie		Andrew				
Principal Occupation Lawyer    Name of Employer   Crumble   aw group LLC	Residential Street Address				1		
Lawyer		Hartfo			СТ	06105-2	2906
Amount of Contribution associated with any ear contract with said municipality valued at more than \$5,000?   Yes   No				up LLC			
### Secontribution associated with an large dependent child of a lobbyist, spouse, or dependent child of a lobbyist?    Secontribution associated with an large sevent reported in Section L1?   Yes, indicate which branch or branches of government the contract is with:   Executive   Legislative   No   Legislative   Legislative   No   Legislative   L	dependent child of a lobbyist?	municipality does contributor or busines:	he/she is associated wit	h have a contract with said	Amour	at of Cont	ribution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/29/2023 Aggregate contributions \$\$250.00\$  Last Name Pentalow First Tom  Residential Street Address 66 Boulter Rd 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, indicate which branch or branches of government the contract is with:  Method of contribution:  Date Received O9/29/2023  Aggregate contributions  M.I.  MI.  Man.  M.I.  Mit.  Mit.	event reported in Section L1?	fyes, indicate which branch or		∐ res ✓ No			\$250.00
Cash		ontract is with:		<del>-</del>	1		
Residential Street Address 66 Boulter Rd  City Wethersfield  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:  Date Received  Aggregate contributions		d Payroll Deduction Moncy On					
Residential Street Address 66 Boulter Rd  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:    City   Wethersfield   State   Zip Code   CT   06109-3703     Name of Employer   Retired     Retired   Retired     Name of Employer   Retired	Last Name		First				M,I.
Secontribution a lobbyist, spouse, or dependent child of a lobbyist?   Yes wint reported in Section L1?   Yes   If contribution a principal of a state contractor or prospective state contractor?   Yes   Yes, indicate which branch or branches of government the contract is with:   Date Received   Aggregate contributions   Aggregate contributions   Aggregate contributions   CT   06109-3703	Pentalow		Tom				
Principal Occupation Retired    Name of Employer Retired   Name of Employer Retired	Residential Street Address	l ' ' '			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:    Section L1		Wethe	***		CT	06109-3	3703
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:  In unicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  If yes   Is contributor a principal of a state contractor or prospective state contractor?    Yes   Yes   Yes   Yes   Yes			1				
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  S250.00  S250.00  S250.00  S250.00  Date Received Aggregate contributions	dependent child of a lobbyist?	municipality does contributor or business	he/she is associated with	n have a contract with said	Amour	t of Cont	ribution
Method of contribution:  Date Received Aggregate contributions	event reported in Section L1?  If nor list Event #	yes, indicate which branch or ranches of government the		∐ ¹es ✓ No			\$250.00
	1 00	DIRIACUIS WRII:			-		
		d Payroll Deduction Money Or	<b>I</b>	1		***	;

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

		•		NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				
Sierra for Treasurer 2023					October 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY		A STATE OF				
(See instructions for definition of Small Contributor)			Subtot	al Section A				\$0.00
B, Itemized C	ontributi	ions fr	om In	dividuals				
Last Name		First						M.I.
Thurz		Beth	1					
Residential Street Address	City					State	Zip Code	
24 Webster Ln	Rocky F					СТ	06067-2	2058
Principal Occupation Accountant		1	of Emplo er & W	<sub>lyer</sub> hitfield PC	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l	he/she is				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  VNo  Is contributor a principal of a state if yes, indicate which branch or branches of government the		or prosp	ective st	ate contractor	? ☐ Yes ✓ No			\$50.00
If yes, list Event # branches of government the contract is with:  Method of contribution:	Exc	ecutive	Date Re	Legisla	Aggregate contributions			
	Money Orde	er	09/29	1	\$200.00			
Last Name		First						M.I.
Thurz		Beth	1					
Residential Street Address	City	_3:51				State CT	Zip Code 06067-2	0050
24 Webster Ln Principal Occupation	Rocky F		of Emplo	aror.		101	00007-2	2036
Accountant			-	hitfield PC	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of a municipality does contributor of 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  If yes, list Event #  Yes  Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		er prosp		ate contractor	∐ 1es ✓ No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ordo	er	Date Re 07/31.		Aggregate contributions \$200.00			
Last Name		First				·		M.I.
Aina		Olal	eye					
Residential Street Address	City	<u> </u>				State	Zip Code	
2 Brooke St	Bloomfi					СТ	06002-2	2711
Principal Occupation Unemployed			of Emplo aployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{1}{2}\$ No municipality does contributer of municipality valued at more the	or business h		associat			Ameun	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 contract is with:	_	or prosp		te contractor	∐ Yes ✓No			\$100.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Re	ceived	Aggregate contributions	1		
Cash Personal Check / Credit/Debit Card Payroll Deduction	woney Orde	C1	09/04	2023	\$250,00	<u> </u>		

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Sierra for Treasurer 2023						-	October 10 filing			
A. Total Contributions from	Small Co	ntributors - Received this	Period O	NLY	: 1s. 4					
(See instructions for definition of	Small Cont	ributor)			Subtota	l Section A				\$0.00
	14.41.551	B. Itemized C	Contribut	ions fi	rom Inc	lividuals				
Last Name	<u></u>			First						M.I.
Thompson				Ang	gella					
Residential Street Address			City		241			State	Zip Code	
11 Woodduck Farms Rd			Windso					CT	06095-	1542
Principal Occupation CFO					of Emplo ccurate	yer Account				
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		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 state If yes, indicate which branch o branches of government the	r	or prosp		te contractor?	∐ Tes √ No	-		\$250.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	contract is with:  Card Payroll Deduction	<b>-</b>	1	Date Re 07/31/	ceived	Aggregate contributions \$250.00	William Willia		
Last Name				First						M.I.
Salito				HAI	ILEY					
Residential Street Address			City					State	Zip Code	
82 Fresh Meadow Dr			Trumbu	_				СТ	06611-1	1111
Principal Occupation FINANCIAL ANALYST				ŧ .	of Emplo	<sub>ver</sub> RK GOLF (	COURSE			i
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	Is contributor a principal of a stat  If yes, indicate which branch or  branches of government the		or prosp	pective sta	te contractor?	Yes ✓ No			\$100.00
If yes, list Event #		contract is with:	Ex	ecutive	<u> </u>	Legisla	tive	<u> </u>		Ì
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Re 09/06/		Aggregate contributions \$200.00			
Last Name				First						M.I.
Virola-Reillo				Eve	lyn					
Residential Street Address			City					State	Zip Code	
245 Mountain St			Hartford					СТ	06106-4	249
Principal Occupation Retired				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 t		s associate			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section 1.1?	☐ Yes ✓ No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r	or prosp		_	☐ res			\$50.00
If yes, list Event #		contract is with:		ecutive r		Legislat				]
Method of contribution:    Cash   Personal Check	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Rec 07/31/		Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	TYPE OF REPORT						
Sierra for Treasurer 2023				October 10 filing			<b>y</b>
A. Total Contributions from Small Contributors - Received the (See instructions for definition of Small Contributor)	his Period C		Subtotal Section /				\$0.00
	d Contribut		om Individuals				····, • , ···, ···., ··
Last Name		First	VIII 1001(10010)				M.I.
Vargas		Neri	da				
Residential Street Address	City	1101			State	Zip Code	
5 Cherry Blossom Cir	Worces	ster			MA	01605-0	0019
Principal Occupation	<u> </u>	Name	of Employer	<del></del>	·	<u> </u>	
Teacher		Shrev	wsbury Public So	chools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at mo	utor or business	he/she is			Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a If yes, indicate which branches of government the control with the principal of a section in the principal of a lifty yes, indicate which branches of government the control is in the principal of a lifty yes, indicate which branches of government the control is in the principal of a lifty yes, indicate which branches of government the control is in the principal of a lifty yes, indicate which branches of government the control is in the principal of a lifty yes, indicate which branches of government the principal of a lifty yes, indicate which branches of government the control is in the principal of a lifty yes, indicate which branches of government the principal of a lifty yes, indicate which branches of government the principal of a lifty yes, indicate which branches of government the principal of a lifty yes, indicate which branches of government the lifty yes, indicate which we have a lifty yes, indicate which are lifty yes, indicate which yes yes	ch or	r or prosp xecutive		∐ les ✓ No			\$50.00
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction		- 1	Date Received 08/01/2023	Aggregate contributions \$50.00	1		
Last Name		First					M.I.
Hirschl		Ros	е				
Residential Street Address	City				State	Zip Code	•
33 Arnoldale Rd	West H	lartford			CT	06119-1	1717
Principal Occupation Unemployed		1	of Eniployer aployed				
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 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.	utor or business	he/she is			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a If yes, indicate which branches of government the pranches of government the section is suith.	ch or	r or prosp		∐ 1es ✓ No			\$200.00
Method of contribution:		1	Date Received	Aggregate contributions	-		
Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	der	08/05/2023	\$200.00	ı		
Last Name		First	7		J		M.I.
Aponte-Garcia		Alex	andra				
Residential Street Address	City		<u></u>		State	Zip Code	<u> </u>
358 Alexander Rd	New Br	ritain			СТ	06053-1	056
Principal Occupation Teacher		L .	of Employer olidated School	District of New Brita	in	<del>-</del>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution is in excess municipality does contribution in the contribution is in excess municipality valued at most municipality valued at most municipality valued at most municipality.	itor or business l	he/shc is			Атоци	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 If yes, indicate which branc branches of government the contract is with:	th or	or prosp		∐ res ✓ No			\$20.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ier	Date Received 08/06/2023	Aggregate contributions \$65.00	ı		_

SUBTOTAL Section B - This Page	\$270.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

SEEC FORM 20 Revised January 2015		I. MONETARY	RECEI	PTS	(Sections A-K)	Paş	ge 32	2 of	52
NAME OF COMMITTEE (Prov	ide Complete	Name as Registered with Fi	ling Reposit	ory)		TYPE OF REPORT			
Sierra for Treasurer 2023						October 10 filing			
A. Total Contributions from	Small Cont	tributors - Received this	Period ON	<b>VLY</b>					
(See instructions for definition of a	Small Contri	butor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributio	ns f	rom Individuals				
Last Name			-	Firs					M.I.
Heard				Ме	lissa				
Residential Street Address			City		***		State	Zip Code	
15 Monitor Hill Rd			Newtowr	1			СТ	06470-	2242
Principal Occupation Banking Officer			1	Name Banl	of Employer Ker				
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 he nan \$5,000?	e/she	s associated with have : Yes	a contract with said  No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r		_	☐ Tes			\$200.00
If yes, list Event #		contract is with:	Exec	cutiv			<u> </u>		
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit C	Card Payroll Deduction	Money Order	r	Date Received 08/08/2023	Aggregate contributions \$200.00			
Last Name				First					M.I.
Levy				Col	eman B.				
Residential Street Address			City			<del></del>	State	Zip Code	
15 N Main St, Ste 15			West Ha				CT	06107-	1974
Principal Occupation Attorney			1		of Employer man B. Levy, 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 than	or business he				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ☐ No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:		-	_	∐ Tes ✓ No			\$250.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit C	Card Payroll Deduction	Money Order	•	Date Received 08/10/2023	Aggregate contributions \$250.00			
Last Name				First		\			M.I.
Stewart			1	Jeff	rey				
Residential Street Address			City		<u> </u>		State	Zip Code	•
30 Belden St			Hartford				СТ	06120-	2701
Principal Occupation Retired			Ł	Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of a municipality does contributor municipality valued at more th	or business he				Amoun	t of Cont	ribution

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

Is contributor a principal of a state contractor or prospective state contractor?

Executive

If yes, indicate which branch or

branches of government the contract is with:

Is this contribution associated with an event reported in Section L1?

If yes, list Event # 082323a

✓ Yes

No

Method of contribution:

Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order

Date Received 08/20/2023

Legislative

Yes

**✓** No

Aggregate contributions

\$100.00

\$100.00

age	33	of	5

NAME OF COMMITTEE (Provide Comp	lete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023		-		······································	October 10 filing			
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY		<u> </u>			<u> </u>
(See instructions for definition of Small Co				Subtotal Section A	J			\$0.00
		Contribut	ions f	rom Individuals		<del></del>		
Last Name	D, Holling V	3011411044	First					M.I.
Pinzon			Tar	nia				
Residential Street Address		City	Tai			State	Zip Code	
115 Gottier Rd		Tolland				CT	06084-2	2330
Principal Occupation			Name	of Employer	<del></del>	<u> </u>	<u></u> _	
Realtor			CLS	Group LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, list Event #	Is contributor a principal of a state of the	ır	or pros		[] No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Det		Money Ord	ег	Date Received 08/21/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Chapman			Do	nald				
Residential Street Address		City				State	Zip Code	
37 Barber St		Windso	r			СТ	06095-4	1502
Principal Occupation  Executive Director				of Employer Lilding Together I	Jortford Inc			
			neu	iliding rogether r	nariioiu iiio.			
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	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	L res			\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	e Legisla	<b>√</b> No tive			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Det	it Card Payroll Deduction	Money Ord	er	Date Received 08/23/2023	Aggregate contributions \$50.00			
Last Name			First		<del></del>			M.I.
Williams			Var	nessa				
Residential Street Address		City				State	Zip Code	
127 School St		Bloomfi				СТ	06002-3	238
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section 1.1?  If yes, list Event # 082323a  No	Is contributor a principal of a state  If yes, indicate which branch of branches of government the	r		_	∐ res √No			\$25.00
If yes, list Event # OOLOZOG	contract is with:	LEx	ecutivo					
Method of contribution:  ☐ Cash  Personal Check ☐ Credit/Deb	it Card Payroll Deduction	Money Orde	er	Date Received 08/23/2023	Aggregate contributions \$25.00			

\$125.00	SUBTOTAL Section B - This Page
\$12,625.00	TOTAL of Section B Pages
\$12,625.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide C	omplete i	Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Sierra for Treasurer 2023						October 10 filing			····
A. Total Contributions from Smal	and the second		Period O						<b>#0.00</b>
(See instructions for definition of Small	Contrib		3 4 3 4		Subtotal Section	<b>A</b>			\$0.00
		B. Hemized C	Jontributi		rom Individuals				LAGI
Last Name				First					M.I.
Anderson				Ken	ınetai				C
Residential Street Address			City				State	Zip Code	2504
242 Morgan Rd			Naples	1	<del></del>		FL	34114-2	2034
Principal Occupation Retired				Retir	of Employer ed —				
dependent shild of a Johnwist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more t	or business I				Amour	at of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 082323a	y es	contributor a principal of a sta  If yes, indicate which branch o  branches of government the	ır			∐ Tes ✓ No			\$25.00
Method of contribution:	t/Debit Ca	contract is with:	Money Ord	ecutive er	Date Received 08/23/2023	Aggregate contributions \$25.00	ı		
Last Name				First	00/20/2020	φεσισο	í		M.I.
Sullivan				1	trice				Р
Residential Street Address		·	City	l			State	Zip Code	l
31 Woodland St, # 105			Hartford	i			CT	06105-4	1335
Principal Occupation Retired				Name Retir	of Employer ed				***
denonders shild of a lobbuist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	res   1	contributor a principal of a state of the st		or prosp	ective state contracto	L res			\$25,00
If yes, list Event # 082323a		oranches of government the contract is with:	Exe	ecutive	Legisl	ative No			
Method of contribution: ☐ Cash	t/Debit Ca	rd Payroll Deduction	Money Orde	er	Date Received 08/23/2023	Aggregate contributions \$25.00			
Last Name				First	<u> </u>				M.I.
Barnes				Ella					M
Residential Street Address			City				State	Zip Code	
33 Barber St			Windso				СТ	06095-4	502
Principal Occupation Teacher				i .	of Employer ord Board of Ed				
damandant shild of a labbuist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	es   1	contributor a principal of a stat fyes, indicate which branch o branches of government the	r	•		∐ 1es ✓ No			\$20.00
If yes, list Event # 082323a		contract is with:	Exe	ecutive	Legisl	ative			
Method of contribution:  ✓ Cash Personal Check Credit	/Debit Ca	d Payroll Deduction	Money Orde	er	Date Received 08/23/2023	Aggregate contributions \$20.00			

SUBTOTAL Section B - This Page	\$70.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)	****	1	TYPE OF REPORT			
Sierra for Treasurer 2023					October 10 filing			
A. Total Contributions from Small Contributors - Received th	is Period O	NLY						
(See instructions for definition of Small Contributor)			Subtotal Section	ion A				\$0.00
B. Itemized	Contribut	ions f	rom Individu	ials				
Last Name		Firs	t			"\		M.I.
Chavez		Ca	rlos					Н
Residential Street Address	City			,	——————————————————————————————————————	State	Zip Code	
76 Oxford St	Hartford					CT	06105-2	2914
Principal Occupation Artist/Musician		Name	e of Employer rad					
		<u></u>						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of municipality does contribut municipality valued at more	or or business					Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a s		or pro:	spective state contr	ractor?	Yes			\$25.00
If yes, indicate which branch	_				✓ No	ļ		Ψ20.00
If yes, list Event # 082323a Franches of government the contract is with:	L]Ex	ecutiv		egislati	ve			
Method of contribution:  Cash  Payroll Deduction  Credit/Debit Card  Payroll Deduction	Money Ord	ler	Date Received 08/23/2023		Aggregate contributions \$25.00			
Last Name		Firs	t					M.I.
Donnelly		Jar	nes					Р
Residential Street Address	City					State	Zip Code	
325 Bush Hill Rd	Manche	, ,				СТ	06040-7	/10/
Principal Occupation Retired		Reti	of Employer red					
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			have a c		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a second reported in Section L1?  No N		ог ргоз	pective state contra	ractor?	☐ Yes			\$100.00
If yes, list Event # 082323a LJNO branches of government the contract is with:	☐Ex	ecutiv	e  Le	egislati	ve J			
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 08/23/2023		Aggregate contributions \$100.00			
Last Name		Firs						M.I.
Flemming- Butler		Jar	ice					
Residential Street Address	City					State	Zip Code	
141 Ridgefield St	Hartford					CT	06112-1	1837
Principal Occupation Self Employed			of Employer Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of municipality does contribute municipality valued at more	or or business l			have a c		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a st  If yes, indicate which branch		or pros	pective state contra	ractor?	Yes			\$250.00
If yes, list Event # VNo branches of government the contract is with:	Exe	ecutiv	e	egislati				
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 08/26/2023	A	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$375.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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B. Itemized Contributions from Individuals  Last Name  Jones  Residential Street Address  Attorney  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?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Pirst  First  Attorney  State Zip Code TX 77004-780  Name of Employer Greenberg Traurig LLP  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 have a contract with said municipality valued at more than \$5,000?  Yes No  Amount of Contribution:  Pyes, indicate which branch or branches of government the contract is with:  Date Received O8/13/2023  Aggregate contributions  S250.00	
Subtotal Section A	\$0.00
Last Name  Jones  Residential Street Address 3453 N Macgregor Way  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  Is contribution associated with an event reported in Section L1?  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  First  Franklin  Name of Employer Greenberg Traurig LLP  Amount of Contribution of a chief executive officer of a municipality does contributor or business be/she is associated with have a contract with said municipality does contributor or prospective state contractor?  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Date Received O8/13/2023  Aggregate contributions  S250.00  Last Name	
Jones  Residential Street Address 3453 N Macgregor Way  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:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Franklin  City Houston  Name of Employer Greenberg Traurig LLP  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business heshe is associated with have a contract with said municipality valued at more than \$5,000?  Yes Vo No  State TX 77004-780  Amount of Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business heshe is associated with have a contract with said municipality valued at more than \$5,000?  Yes Vo No  If yes, indicate which branch or branch or branches of government the contract is with:  Date Received 08/13/2023  \$250.00  Aggregate contributions Payroll Deduction Money Order  Name  First	
Residential Street Address  3453 N Macgregor Way  Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an weent reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  City Houston  Name of Employer Greenberg Traurig LLP  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  Vo No  State Zip Code TX 77004-780  Amount of Contribution of Contribution of the contribution o	1.I.
Substitution   Section   L1?   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes   If contribution a sasociated 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   Aggregate contributions   Section L1?   Date Received   Aggregate contributions   Section L2   Aggregate contributions   Section L3   Secont   Date Received   Secont   Section L3   Secont   Date Received   Secont   Second	
Principal Occupation Attorney  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Name of Employer Greenberg Traurig LLP  Amount of Contrib Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib  Amount of Contrib	· ·
Attorney  Greenberg Traurig LLP  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contribution associated with an event reported in Section L1?  If contribution a principality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  If yes, only personal Check Credit/Debit Card Payroll Deduction Money Order  Pirst  Amount of Contributor of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive satisfactory and in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribute 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 Augregate contributions \$250.00	17 
dependent child of a lobbyist?    Interpretation   Interp	
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  S2  If yes, indicate which branch or branch or branches of government the contract is with:  Date Received Aggregate contributions (08/13/2023)  \$250.00	ution
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received 08/13/2023 \$250,00  Last Name  First	50.00
AA A J. B.	1.I.
McArdle Chris	
Residential Street Address City State Zip Code	
57 Charter Oak Ave Hartford CT 06106-199	10
Principal Occupation  LSR  Name of Employer  FedEx	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?    Yes   No   Amount of Contribution   Amoun	ution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative	25.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order  Date Received O9/07/2023 \$25.00	
Last Name First N	1.I.
Cutler Edward	
Residential Street Address         City         State         Zip Code           21 Clay Creek Dr         Suffield         CT         06078-124	7
Principal Occupation AIA, President & CEO  Name of Employer Tecton Architects	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  Amount of Contrib	ution
17 yes, indicate which orange of	
If yes, list Event # Dranches of government the contract is with: Executive Legislative	50.00
Method of contribution:       Date Received 09/28/2023       Aggregate contributions \$250.00	50.00

SUBTOTAL Section B - This Page	\$525.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

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

Page

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Revideo Adding 2013					
NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Repository)	TYPE OF REPORT			
Sierra for Treasurer 2023		October 10 filing			
A. Total Contributions from Small Contributors - Receiv	ed this Period ONLY				
(See instructions for definition of Small Contributor)	Subtotal Section	A			\$0.00
B. Iter	nized Contributions from Individual	S TO THE A PROPERTY OF THE	· <del></del>		
Last Name	First				M.I.
Plessy	Boake				
Residential Street Address	City		State	Zip Code	
1 King Philip Dr	West Hartford		CT	06117-2	2100
Principal Occupation	Name of Employer				<del></del>
Retired	Retired				
dependent child of a lobbyist? municipality does co	excess of \$400 to a candidate committee for a chic patributor or business he/she is associated with havat more than \$5,000?		Amoui	nt of Cent	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  If yes, indicate which branches of government contract is with:	ent the	or? Yes  No slative			\$250.00

Date Received

09/30/2023

Aggregate contributions

\$250.00

Method of contribution:

Cash

Payroll Deduction

Money Order

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$12,625.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$12,625.00

I. MONETARY RECEIPTS (Sections A-	K)	Page	38	of	52
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF RI	EPORT			
Sierra for Treasurer 2023	October 10	filing			
Summary of Other Monetary Receipts (Sections D-K)					·
Total Loans Received this Period (Section D)					\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+				\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	., .,			\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

SEEC FORM 20	
Pavicad Issuary 2019	:

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

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NAME OF COMMITTEE	(Provide Complete Name as Registered with I	oith Filing Repository) TYPE OF REPORT					
Sierra for Treasurer 202	23		October 10 fili	ing			
	L1. Event Info	rmation		1.			
Event # Date of Event Letter 08/23/2023 a	Description  Meet and Greet Event				Was this a fundraising event?  Yes No		
Location: Street Address  83 E Morningside St		City Hartford			ip Code 6112-1241		
	t a personal residence?  ude goods or services donated by a	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  Yes (If yes, go to Section L4 In-Kind Donations not Considered					
of up to \$100? Was this fundraiser a ta	\$200 or items donated by an individual g sale, auction, or other sale of donated	No Contributions and complete required information.)					
items with purchases by	an individual of up to \$100?	✓No					
	ommittees, Municipal Candidates and fadvertising space in a program book or h this fundraiser?	Yes (If yes, go	o to Section L3 Purchase Book or on a Sign and o	s of Advertis	sing Space in a		
Subpart 3: (Town Co Did your committee sel mass gathering held wit	l food or beverage at a fair or similar	□Yes (If yes, el	nter Total Receipts herc.)	)			

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

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

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Revision January 2015				_			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			tory) TYPE C	F REPC	ORT		
Sierra for Treasurer	2023			Octobe	r 10 fili	ng	
	I	3. Purchases of Adverti	sing in a P	ogram Book or on a Sign	. 1. 14. 17	eren e	
Name of Purchaser Atlantic Developme	nt				<b>✓</b> Bus	Made By: iness Entity ividual/Sole Pr	Other oprietorship
Street Address 3 Charter Oak Pl			City Hartford			State CT	Zip Code 06106-1915
Date Received 07/12/2023	Event # 082323a	Aggregate Purchases fo	r all Events \$250.00	Amount of Progam Ad Purcl \$250	1	Amount	of Sign Purchase \$0.00
Name of Purchaser Singh Technology (	Group, L	•			Bus	Made By: iness Entity ividual/Sole Pr	Other Oprietorship
Street Address  140 Kane St, Apt A2	2		City West Har	tford		State CT	Zip Code 06119-2122
Date Received 09/09/2023	Event#	Aggregate Purchases fo	r all Events \$100.00	Amount of Progam Ad Purcl		Amount o	of Sign Purchase \$0.00

\$350.00	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
\$350.00	TOTAL of Section L3 Pages
\$350.00	TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

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Revised January 2015						
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Sierra for Treasurer 2	023			October 10 filing		
	P. Expense	es Paid by Commi	ttee		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of Payee Lillian Arciniegas				ate of Payment 7/10/2023	Method of Payment Check # Debit Card EFT	
Street Address		City			State	Zip Code
126 Yale St		Hartford			СТ	06106-4525
Purpose of Expenditure (by code) PRNT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	r committee) Indeper	ndent	A		\$95.34
Name of Payee CT Democratic Party			1	ate of Payment 7/19/2023	Method of Check	# 1014
Street Address 750 Main St, Ste 110	08-3	City Hartford			State CT	Zip Code 06103-2702
Purpose of Expenditure	Description		Event#		<del>                                     </del>	A
(by code) MISC	2023 VAN Contract					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required n.  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent	A	- The state of the	\$450.00
Name of Payee Burdette Holtgrewe			1	ate of Payment 7/24/2023	Method of Check	# <u>1015</u>
Street Address  27 Huntington St		City Manchester			State CT	Zip Code 06040-4235
Purpose of Expenditure (by code) PRNT	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	re) Indepen	adent zation:	A		\$600.75
Name of Payce Main Avent Sports &	Apparel	·	i	nte of Payment 7/24/2023	Method of Check Debit	# <u>1016</u>
Street Address  66 Franklin St, Ste L	119	City Norwich			State CT	Zip Code 06360-5806
Purpose of Expenditure (by code) A-OTH	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 contr	committee) Indepen	ident	A B C D		\$930.80

SUBTOTAL Section P - This Page	\$2,076.89
TOTAL of Section P Pages	\$24,498.58
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$24,498.58

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Sierra for Treasurer 202 Name of Payce Victoria Vazquez	P. Expense	es Paid by Commi	ttee	October 10 filing		
Name of Payce	P. Expense	es Paid by Commi	ttee			and the Table 1992
1						
	<u></u>			Date of Payment 07/28/2023	Method of Check	#
Street Address 200 Goodrich St		City Hartford			State CT	Zip Code 06114-2833
	Description Technology Equipment		Event	#		Amount
	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	committee) Indepen	ndent	ked)		\$792.31
Name of Payee Hartford Democratic To	own Committee			Date of Payment 08/11/2023	Method of Check Debit	# 1021
Street Address		City Hartford			State CT	Zip Code 06103-2900
1 Gold St Purpose of Expenditure (by code) POC	Description		Event	#		Amount
· ·   _	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditun  Coordinated without reimbursement sought (in-kind contr	committee) Indeper	ndent	ked)		\$1,500.00
Name of Payee Lillian Arciniegas				Date of Payment 08/15/2023	Method of ☐ Check	#
Street Address 126 Yale St		City Hartford	1		State CT	Zip Code 06106-4525
Purpose of Expenditure	Description Battery packs for phone (2)		Event	#		Amount
· / -	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contr	committee) Indeper	ndent	ked)		\$63.79
Name of Payee Blue Edge Strategies				Date of Payment 08/15/2023	Method of Check	<sup>#</sup> 1018
Street Address		City Manchester			State CT	Zip Code 06040-6018
983 Main St Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # 1	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contri	committee) Indepen	ident	ked)		\$3,735.56

SUBTOTAL Section P - This Page	\$6,091.66
TOTAL of Section P Pages	\$24,498.58
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$24,498.58

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT						
Sierra for Treasurer 2	023			October 10 filing		
TARREST N	P. Expens	es Paid by Commi	ittee	Residence of the	V 14 77	January Commission
Name of Payee Michael Farina				Date of Payment 08/15/2023	Method o	# 1019
Street Address 54 Robert Rd		City Manchester			State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) CNSLT	Description		Even	ut #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate o  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	cked)		\$505.00
Name of Payee Blue Edge Strategies	s			Date of Payment 09/05/2023	Method of Check	# <u>1022</u>
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind continuous).	r committee) re)	ndent	cked)	7	\$1,000.00
Name of Payee Blue Edge Strategies	5			Date of Payment 09/05/2023	Method of Check	# 1025
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description Texting		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus)  Coordinated without reimbursement sought (in-kind continuous)	r committee)	ndent	_A _B _C _D		\$265.10
Name of Payee Blue Edge Strategies	5			Date of Payment 09/05/2023	Method of Check	# 1027
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description Lawn Signs		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 expenditure)  Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	ABCD		\$3,078.83

14.50 2.303	SUBTOTAL Section P - This Page	\$4,848.93
	FOTAL of Section P Pages	\$24,498.58
	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$24,498.58

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Revised January 2015		- CICES (Section		,		
	3 (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		-
Sierra for Treasurer 2				October 10 filing		
	P. Expense	es Paid by Commi	ttee			
Name of Payce		Date of F		Date of Payment	Method of Check	
Blue Edge Strategies	\$			09/05/2023	Debit (	<del></del>
Street Address		City			State	Zip Code
983 Main St		Manchester			CT	06040-6018
Purpose of Expenditure (by code) CNSLT	Description DTC Mailers		Even	t# ·		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	cked) □A □B □C □D		\$97.68
Name of Payee	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Date of Payment	Method of	
Burdette Holtgrewe				09/05/2023	Check	
					Debit (	Card EFT
Street Address		City		•	State	Zîp Code
27 Huntington St		Manchester			СТ	06040-4235
Purpose of Expenditure (by code) CNSLT	Description Printing		Even	1#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us    None of the below (does not involve another candidate or   Coordinated with reimbursement sought (joint expenditur   Coordinated without reimbursement sought (in-kind continuous)	committee) Independent	ndent	Cked)		\$82.93
Name of Payee Main Avent Sports &	Apparel			Date of Payment 09/05/2023	Method of Check Debit	# 1028
Street Address		City Norwich			State CT	Zip Code 06360-5806
66 Franklin St, Ste L	······		F			
Purpose of Expenditure (by code) A-OTH	Description		Even	₹ <i>#</i>		Amount
Expenditure # (if applicable)	Type of Expenditure (**Nemization 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	committee) Independent	ndent	ked)		\$718.20
Name of Payee Paragon Payment Sc	olutions			Date of Payment 09/05/2023	Method of Check	#
Street Address		City			State	Zip Code
2141 E Broadway Rd	l, Ste 202	Tempe			AZ	85282-1895
Purpose of Expenditure (by code) BNK	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (*Nemization in Addendum P Required un volume of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract).	committee) Indeper	ndent	ked)		\$91.54

SUBTOTAL Section P - This Page	\$990.35
TOTAL of Section P Pages	\$24,498.58
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$24,498.58

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Sierra for Treasurer 2	023			October 10 filing		
	P. Expense	es Paid by Commi	ttee		Ang tri	TV TV TV TV
Name of Payee Staples				Date of Payment 09/05/2023	Method of  ✓ Check  ☐ Debit	# 1024
Street Address 35 Talcottville Rd		City Vernon			State CT	Zip Code 06066-5261
Purpose of Expenditure (by code) PRNT	Description Printing		Eveni	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepen	ndent	ABCD		\$82.93
Name of Payce The Hartford News				Date of Payment 09/05/2023	Method of Check	# 1023
Street Address 30 Arbor St, Ste 106	-H	City Hartford			State CT	Zip Code 06106-1215
Purpose of Expenditure (by code) A-NEWS	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	r committee)  re)  Independent	ndent	ked)		\$200.00
Name of Payee Burdette Holtgrewe				Date of Payment 09/08/2023	Method of Check Debit (	# 1051
Street Address 27 Huntington St		City Manchester			State CT	Zip Code 06040-4235
Purpose of Expenditure (by code) CNSLT	Description Imprinted Bags	:	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	ked)		\$3,094.75
Name of Payee NGPVAN				Date of Payment 09/08/2023	Method of Check	#
Street Address		City Washington			State DC	Zip Code 20005-5006
1101 15th St NW, Ste Purpose of Expenditure (by code) MISC	e 500 Description NGP Van		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (*Itemization in Addendum P Required under Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control Coordinate	committee) Indepen	ident	(sed)		\$252.50

SUBTOTAL Section P - This Page	\$3,630.18
TOTAL of Section P Pages	\$24,498.58
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$24,498.58

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Sierra for Treasurer 2	2023			October 10 filing		
	P. Expens	es Paid by Commi	ttee			
Name of Payee Harland Clarke				Date of Payment 09/14/2023	Check	f Payment # Card
Street Address 15955 La Cantera P	'kwy	City San Antonio	-	<u> </u>	State TX	Zip Code 78256-2589
Purpose of Expenditure (by code) BNK	Description Checks		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required user None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure).  Coordinated without reimbursement sought (in-kind control of the con	r committee) re) Indepe	ndent	cked)		\$78.82
Name of Payee Blue Edge Strategie	s			Date of Payment 09/18/2023	Method of Check	# 1052 Card EFT
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description Lawn widgets and consulting services		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee) [ Independent of the committee of the commit	ndent	cked)		\$6,531.75
Name of Payee Olaleye Aina				Date of Payment 09/30/2023	Method of Check	# 1056
Street Address 2 Brooke St		City Bloomfield			State CT	Zip Code 06002-2711
Purpose of Expenditure (by code) REF	Description Reimbursement of Contribution		Event	(#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	re) Indepe	ndent	ked)	Prisoner	\$50.00
Name of Payee Denise Nappier				Date of Payment 09/30/2023	Method of Check	# 1055
Street Address 110 Westerly Ter		City Hartford			State CT	Zip Code 06105-1117
Purpose of Expenditure (by code) REF	Description Reimbursement		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 Coordinated without reimbursement sought)	committee) Indeper	ident	ked)		\$200.00

SUBTOTAL Section P - This Page	\$6,860.57
TOTAL of Section P Pages	\$24,498.58
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$24,498.58

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# IV. EXPENDITURES (Sections P-T)

SEEC FORM 20 Revised January 2015	IV. E	XPENDITURES (Sections P-T)	Page	47		of	52
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing Repository)	TYPE OF REPORT				
Sierra for Treasurer 2	023		October 10 filing				
	S. Expenses Incurre	d by Committee but Not Paid During th	nis Period			-	
Name of Creditor Blue Edge Strategie	s				ncurred 5/2023		
Street Address 983 Main St		City Manchester		State CT	Zip C 0604	ode 10-60	18
Purpose of Expenditure (by code) CNSLT	Description Walk Cards		Event #		nount timate		
Expenditure # (if applicable) 1	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	(joint expenditure) Independent	A □B □C ☑D	**************************************		\$1,67	75.01
Name of Creditor	_				ncurred	,	

Name of Creditor				Date Incurred	
Blue Edge Strategies	09/25/2023				
Street Address		City		State	Zip Code
983 Main St		Manchester		CT	06040-6018
Purpose of Expenditure	Description		Event #		mount Incurred
(by code) CNSLT	Walk Cards	Event #			timate or Actual)
ONOLI	Walk Galas			] (23	,
Expenditure #	Type of Expenditure (Itemization in Addendum S Required unless	"None of the below" is checked	d)		\$1,675.01
(if applicable)	None of the below (does not involve another candidate or con				
1	Coordinated with reimbursement sought (joint expenditure)	Independent		ĺ	
	Coordinated without reimbursement sought (in-kind contribut	ion) 🗸 Organization; 📗	_A _B _C _/D		
Name of Creditor				Date Incurred	
Blue Edge Strategies				09/25/2023	
Street Address		City	***	State	Zip Code
Piteet Vidiness		Manchester		CT	06040-6018
983 Main St				0.	
Purpose of Expenditure	Description		Event #	1	mount Incurred
(by code) A-WEB	Social media ads		•	(Es	timate or Actual)
Expenditure #	Type of Expenditure (Itemization in Addendum S Required unless	"Nova of the halow" is checked	<u></u>	ĺ	\$600.00
(if applicable)	None of the below (does not involve another candidate or con	•	<i>*)</i>		
2	Coordinated with reimbursement sought (joint expenditure)	Independent			
		on) Vorganization:	A B C D		
	Coordinated without reimbursement sought (in-kind contribut	ion) 🕒			

SUBTOTAL Section S - This Page	\$2,275.01
TOTAL of Section S Pages	\$2,275.01
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$2,275.01
Previously reported Expenses Unpaid and still Outstanding +	\$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTER BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)	\$2,275.01

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Sierra for Treasurer 20	023			,,,	October 10 filing			
	T. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Const Holtgrewe		First Burdette			MI	07/06/	2023	lor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples			Payment to Reimburse Committee Worker/Consultant as reported in Section P:  Check # 1015  Debit Card  EFT					
Street Address 35 Talcottville Rd			City Vernon				State CT	Zip Code 06066-5261
Purpose of Expenditure (by code) CNSLT	Description Printing materials and mailing			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 sought	ther candidate or (joint expenditu	r committee)  [Tel: Torganic of the committee of the comm	ndent	В	cp		\$309.12
Last Name of Worker/Const Arciniegas	altant	First Lillian			MI	Date of Payr 07/10/2		lor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant  Fed Ex Office  Payment to Reimbur as reported in Section Check #			rted in Section P	rse Committee Worker/Consultant n P:  Debit Card EFT				
Street Address 544 Farmington Ave			City Hartford				State CT	Zip Code 06105-3049
Purpose of Expenditure (by code) PRNT	Description	.,,,,		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 expenditur	r committee)  [Toggania	ndent	В	cp		\$95.34
Last Name of Worker/Conse Holtgrewe	lltant	First Burdette			MI	Date of Payr 07/21/2		lor, Person or Entity
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section P cck # 1015	:	Worker/Consultant bit Card EFT
Street Address			City	***			State CT	Zip Code 06066-5261
35 Talcottville Rd			Vernon				Ç1	06066-5261
Purpose of Expenditure (by code) PRNT	Description Printing materials			Event#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendiversity)  None of the below (does not involve anot involve another involve anothe	ther candidate or (joint expenditur	re) Indepen		В	_с _р		\$291.63

\$696.09	SUBTOTAL Section T - This Page
\$2,140.12	TOTAL of Section T Pages
\$2,140.12	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Sierra for Treasurer 20	)23				October 10 filing			
	T. Itemization of Reim	bursements (	to Committee Wor	rkers and	Consult	ants	i si satifici.	
Last Name of Worker/Consu Vazquez	ultant	First Victoria			MI	07/28/2	2023	dor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Best Buy			as repor	nt to Reimburse rted in Section P rck #	':	Worker/Consultant		
Street Address			City Newington				State CT	Zip Code 06111-5148
3377 Berlin Tpke Purpose of Expenditure (by code) EFV	Description Campaign I-Pad			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 expenditur	committee) [Independent Committee]	ndent	<u> </u>			\$792.31
Last Name of Worker/Consu Farina	lltant	First Michael			MI	Date of Payn 08/15/2		dor, Person or Entity
Name of Vendor, Person or NGPVAN	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P rck # 1019	':	Worker/Consultant
Street Address 1101 15th St NW, Ste	e 500		City Washington				State DC	Zip Code 20005-5006
Purpose of Expenditure (by code) CNSLT	Description NGP Van Reimbursement			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 soug	ther candidate or (joint expenditur	committee) Indepen	ndent	□в [	CD		\$101.00
Last Name of Worker/Consu Farina	iltant	First Michael			MI	Date of Payn 08/15/2		dor, Person or Entity
Name of Vendor, Person or NGPVAN	Entity Paid by Committee Worker/Consultant				as repoi	nt to Reimburse ted in Section P tck # 1019	·:	Worker/Consultant
Street Address			City				State DC	Zip Code 20005-5006
1101 15th St NW, Ste	e 500		Washington				DC	20003-3000
Purpose of Expenditure (by code) CNSLT	Description NGP Van Reimbursement			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 expenditur	committee)  e)  Independent	ndent	В	_с _р		\$151.50

1	SUBTOTAL Section T - This Page	\$1,044.81
	TOTAL of Section T Pages	\$2,140.12
	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$2,140.12

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NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing	Repository)	<u> </u>	TYPE C	OF REPORT		
Sierra for Treasurer 2	023				October 10 filing			
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consul	tants		
Last Name of Worker/Const Farina	ultant	First Michael			MI .	Date of Pay 08/15/		dor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant NGPVAN				as repo	nt to Reimburse ated in Section I eck # 1019	P:	Worker/Consultant	
Street Address 1101 15th St NW, St	e 500		City Washington				State DC	Zip Code 20005-5006
Purpose of Expenditure (by code) CNSLT	Description NGP Van Reimbursment			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 sought	ther candidate o (joint expenditu	r committee) Indepe		⊾ ∐в	□с □р		\$252.50
Last Name of Worker/Const Arciniegas	ultant	First Lillian	· · ·		MI	Date of Pays 08/15/		dor, Person or Entity
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section I eck #	P:	Worker/Consultant
Street Address 3174 Berlin Tpke			City Newington				State CT	Zip Code 06111-4627
Purpose of Expenditure (by code) EFV	Description Batter packs (2)			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 o (joint expenditu	r committee) re) Indepen		В	CD		\$63.79
Last Name of Worker/Const Holtgrewe	ıltant	First Burdette			MI	Date of Pays 09/05/		dor, Person or Entity
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant				as reno	nt to Reimburse rted in Section I eck # 1024	·:	Worker/Consultant
Street Address 35 Talcottville Rd			City Vernon				State CT	Zip Code 06066-5261
Purpose of Expenditure (by code) CNSLT	Description Printing			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend  None of the below (does not involve anot  Coordinated with reimbursement sought  Coordinated without reimbursement sought	ther candidate o (joint expenditu	r committee) re) Indeper	ndent	В			\$82.93

SUBTOTAL Section T - This Page	\$399.22
TOTAL of Section T Pages	\$2,140.12
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$2,140.12

SEEC FORM	20
Revised January	2015

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Revised January 2015				
NAME OF COMMITTEE				EPORT
Sierra for Treasurer 2023 October 10 filing				
S. Expenses Incurred by Committee	e but Not Paid Durin	g this Period -	Addendum	
Expenditure #				Amount of Expenditure
1	✓ Supported	Opposed		\$1,675.01
Name of Candidate or Committee	Office Sought (if	applicable)		Cost Allocated to Candidate or Committee

\$1,675.01

SEEC I	ORM	20	
Revised	Innuary	201	ξ

#### Section S. ADDENDUM PAGE 52 of 52

Revised January 2013				
NAME OF COMMITTEE		TYPE OF R	TYPE OF REPORT	
Sierra for Treasurer 2023		October 10 filing		
S. Expenses Incurred by (	Committee but Not Paid During this Peri	iod - Addendum		
Expenditure # 2	✓ Supported □ Opp	osed	Amount of Expenditure \$600.00	
Name of Candidate or Committee	Office Sought (if applicable)	Office Sought (if applicable)		
			\$600.00	