SEEC FORM 20

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

TOWN & CITY CLERK MARIFUL

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Page

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COVER PAGE

		COV		L (-	r f		
1. NAME OF COMMITTEE							
Coleman for Hartford							
2. TREASURER NAME							
First		MI	Last			Suffix	
Thirman		L	Milner				
3. TREASURER ADDRESS			1				
Street Address		Ci	ty			State	Zip Code
470 Broad St Apt 913		Hart	ford			ст	06106
4. ELECTION/REFERENDUM DATE	5. OFFICE SO	UGHT (Co	omplete only if Cand	idate Committee)	6. DISTRICT NUM	BER	
(mm/dd/yyyy)		, and it to get the second second			(if applicable)		Taran da ang ang ang ang ang ang ang ang ang an
11/07/2023	Mayor				0		
7. CANDIDATE NAME (Complete only	if Candidate or Exp	oloratory Co.	mmittee)		-1		
First		MI	Last			Suffix	
Eric		D	Coleman				
8. TYPE OF REPORT (Check One Bo	ox)						
April 10 filing July 10 filing October 10 filing 24 Hour Independent Expenditure Primary Election	7th day preceding 30 days following 7th day preceding 12th day preceding (State Central Con 45 days following held in November	primary election g election unlittees Onl	45 days	preceding referends following referends tion Ending Date	um (PACs ONL) Amendment to	Y) to	isbursement
04/6	01/2023		thru	06/30/2023			
10. CERTIFICATION							
I hereby certify and state, under pe Campaign Finance Disclosure St TREASURER OR DEPUTY TREASURE	atement for the p		vered is true, acci			Z/ DATE (fin	10/23 1/dd/(yyy)

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Coleman for Hartford	July 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$73,973.74	
13. Contributions received from Individuals (Section A and B)	\$23,615.00	\$125,676.45
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D through K)	\$80,000.00	\$80,000.00
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)		
17. Total Monetary Receipts (add totals for lines 13-16c)	\$103,615.00	\$205,676.45
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$177,588.74	\$205,676.45
19. Expenditures Paid by Committee (Section P)	\$30,715.18	\$58,802.88
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$146,873.56	\$146,873.57
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0,00
23. In-kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a, + Loans Received (Section D)	\$80,000.00	\$80,000.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$80,000.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

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age	3	01	102

NAME OF COMMITTEE (Provide Complete Name as Registered	with Fil	ing Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford					July 10 filing			
A. Total Contributions from Small Contributors - Receive	ed this	Period O	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section .	A A			\$0.00
B. Item	nized C	ontributi	ons f	rom Individuals				
Last Name			First					M.1.
Fowler			Ga	il				
Residential Street Address		City	Ц			State	Zip Code	<u> </u>
125 Sheffield Ave		New Ha	ven			CT	06511-1	1928
Principal Occupation			•	of Employer		***************************************		
			Reti	ed				
· · · · · · · · · · · · · · · · · · ·	ntributor	or business l		committee for a chief is associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an Yes event reported in Section L1?			or pros	pective state contracto	r? Yes			\$300.00
If yes, list Event # If yes, list Event # If yes, indicate which branches of government contract is with:		-	ecutiv	e Legis	lative No			Ψ300.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Dedu	action	Money Ord	er	Date Received 06/22/2023	Aggregate contributions \$800.00			
Last Name			Firs	<u></u>	L			M.I.
Gray			Re	cillia				
Residential Street Address		City				State	Zip Code	.1
10 Kelsey Pl		Bloomfi	eld			СТ	06002-2	2819
Principal Occupation			Name Reti	of Employer ed				
	ntributor (or business l		committee for a chief is associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal If yes, indicate which			or pros	pective state contracto	res]		\$20.00
If yes, list Event # 052523a No branches of government contract is with:	nt the	Exe	ecutiv					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	action	Money Orde	er	Date Received 05/25/2023	Aggregate contributions \$160.00			
Last Name			First	:				M.I.
Green			Ker	nneth				
Residential Street Address		City Hartford				State CT	Zip Code	1240
223 Granby St		палиот		- CP1		C)	06112-1	1319
Principal Occupation Social Worker				of Employer nis Chaffee				
in the second of	ntributor o	or business h		committee for a chief s associated with have Yes		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which	branch or		or pros	pective state contracto	∐ i es			\$500.00
If yes, list Event # branches of government contract is with:	nt the	Exe	ecutiv	e Legisi	lative No			
Method of contribution: ☐ Cash Personal Check Credit/Debit Card Payroll Dedu	iction [Money Orde	er	Date Received 06/30/2023	Aggregate contributions \$800.00			

\$820.0	SUBTOTAL Section B - This Page
\$23,615.0	TOTAL of Section B Pages
\$23,615.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Coleman for Hartford A. Total Contributions from Small Contributors - Received this P (See instructions for definition of Small Contributor)	Period O	ATT 17		July 10 filing			
	Period Ol	ATT SZ					
(See instructions for definition of Small Contributor)		NLY					
			Subtotal Section A				\$0.00
B. Itemized Co	ntributi	ons fi	rom Individuals				
Last Name		First					M.I.
Greene		Yola	anda				1
i e	City				State	Zip Code	
00 00001 27	Windsor				CT	06095-3	3944
Principal Occupation Retired			of Employer				
		Retir	ea				
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				Amoun	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes VNo Is contributor a principal of a state of If yes, indicate which branch or branches of government the	_			∐ res ✓No			\$50.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Cheek Credit/Debit Card Payroll Deduction \(\bigcap \) \(\bigcap \)	Money Orde	ecutive	Date Received 04/30/2023	Aggregate contributions \$100.00			
Last Name		First	<u> </u>		l		M.I.
Jennings		Cyn	nthia				
Residential Street Address	City	-			State	Zip Code	l
86 Hartland St	Hartford				СТ	06112-1	130
Principal Occupation Attorney			of Employer ings Law Office				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amoun	it of Cont	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			_	∐ res √ No			\$40.00
If yes, list Event # contract is with:	Exe	cutive	Legisla:	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction N	Money Orde	r	Date Received 04/03/2023	Aggregate contributions \$480.00			
Last Name		First					M,I,
Jennings		Cyn	ithia				
	City				State	Zip Code	400
O Trained of	Hartford		CT 1	·	СТ	06112-1	130
Principal Occupation Attorney			of Employer ings Law Office				
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				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? No No If yes, indicate which branch or branches of government the	contractor o	or prosp	pective state contractor?	☐ Yes ✓ No			\$50.00
If yes, list Event # 052123a No branches of government the contract is with:	Exe	ecutive	E Legisla	tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction N	Money Orde	r	Date Received 05/21/2023	Aggregate contributions \$480.00			

SUBTOTAL Section B - This Page	\$140.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Regi.	stered with Filing Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford		***************************************		July 10 filing			
A. Total Contributions from Small Contributors - Re (See instructions for definition of Small Contributor)	eceived this Period O		otal Section .	4			\$0.00
В	Itemized Contributi	ons from	Individuals				
Last Name	<u></u>	First					M.I.
Johnson		Jeffrey					
Residential Street Address	City	<u> </u>			State	Zip Code	
206 Tower Ave	Hartford	<u> </u>			CT	06120-1	050
Principal Occupation		Name of Em Retired	ployer				
dependent child of a lobbyist? municipality d	n is in excess of \$400 to a car does contributor or business b valued at more than \$5,000?				Amour	nt of Conti	ibution
I mand the mandad in Castian T 19 Yes	1 11/10	or prospective	e state contracto	✓ No			\$50.00
Method of contribution:	Il Deduction Money Ord	i	Received 16/2023	Aggregate contributions \$150.00			
Last Name		First					M.I.
Karassik		Beth					
Residential Street Address	City				State	Zip Code	• • •
338 Foote Rd	South G	Slastonbur			CT	06073-3	312
Principal Occupation Neuropsychologist		Name of Em CNS	ployer				
dependent child of a lobbyist? municipality d	n is in excess of \$400 to a car does contributor or business l valued at more than \$5,000?				Amour	nt of Conti	ribution
event reported in Section L1? If yes, indicate	rincipal of a state contractor which branch or	or prospectiv	e state centracto	Yes ☐Yes			\$100.00
If yes, list Event # No branches of gov contract is with:		ecutive	Legis	lative			•
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payro	Il Deduction Money Ord	ı ı	Received 21/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Lollar		Marilyn					
Residential Street Address	City				State	Zip Code	
401 W Wolcott Ave	Windso				CT	06095-4	335
Principal Occupation Realtor		Name of En William F	reloyer Ravies Real	Estate			
dependent child of a lobbyist? No municipality of municipality v	a is in excess of \$400 to a car does contributor or business l valued at more than \$5,000?	he/she is asso	ciated with have	a contract with said	Amour	ıt of Conti	ribution
event reported in Section L1? If yes, indicate branches of gov		or prospectiv	e state contracto	✓ No			\$50.00
	: LEX		Received	Aggregate contributions	┨		ı
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payro	ll Deduction Money Ord		24/2023	\$275.00			

section B - This Page \$200.00	SUBTOTAL Section
of Section B Pages \$23,615.00	TOTAL of S
\$23,010.UU	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS ((Enter total on Line 13, Column A of

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	TYPE OF REPORT				
Coleman for Hartford		July 10 filing			
A. Total Contributions from Small Contributors - Received this Period	l ONLY				
(See instructions for definition of Small Contributor)	Subtotal Section A				\$0.00
B. Itemized Contril	outions from Individuals				
Last Name	First		<u> </u>	(M.l.
Franklin	Christopher				
Residential Street Address City			State	Zip Code	
190 Little Brook Dr New	ington		СТ	06111-5	310
Principal Occupation	Name of Employer				
Managing Partner	FranSan Group LLC				-
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	ess he/she is assoc <u>iate</u> d with have a		Amoun	t of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a state contra	ctor or prospective state contractor	Yes			\$20.00
No branches of government the		No			φ20.00
If yes, list Event # 0021200 contract is with:	Executive Legisla	tive			
Method of contribution: ✔ Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 05/21/2023	Aggregate contributions \$45.00			
Last Name	First	φ43.00		*	M.I.
					IVI.I.
Kellerman Residential Street Address City	Roy		State	Zip Code	
	mfield		CT	06002-1	613
Principal Occupation	Name of Employer				
Physician	Self 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 busin municipality valued at more than \$5,0	ess he/she is associated with have a		Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contra	ctor or prospective state contractor	Yes Yes			\$500.00
No bronches of government the	1	. 🔽 No			4000.00
If yes, list Event # contract is with:	Executive Legisla				ļ
Method of contribution: Cash	Order Date Received 04/04/2023	Aggregate contributions \$500.00			
Last Name	First	\$000.00			M.I.
Lindo	Barbara				
Residential Street Address City	Daibaia		State	Zip Code	
106 Rockybrook Win	dsor		CT	06095-1	346
Principal Occupation	Name of Employer			L	
	Retired				
is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to municipality does contributor or busin municipality valued at more than \$5.0	ess he/she is associated with have a		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 state contract of the section L1? If yes, list Event #		∐ Yes ⊘ No			\$5.00
Volldattis Willi.					
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Aggregate contributions \$5.00			

\$525.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summery Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with File	ing Reposi	itory)			TYPE OF REPORT			
Coleman for Hartford	· · · · · · · · · · · · · · · · · · ·			·····	July 10 filing			
A. Total Contributions from Small Contributors - Received this I (See instructions for definition of Small Contributor)	Period O		Subtotal !	Section A				\$0.00
B. Itemized Co	ontributi	ons fi	om Indi	viduals				
Last Name		First						M.I.
Lazowski		Ala	ı					В
Residential Street Address	City	1				State	Zip Code	<u></u>
170 Scarborough St	Hartford	d				CT	06105-1	107
Principal Occupation CEO		l .	of Employer Parking	r				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$\frac{1}{2}\text{dependent child of a lobbyist?} \textstyle{\subset}\text{No} \text{No} \text{If contribution is in excess of \$\frac{1}{2}\text{municipality does contributor of municipality valued at more the}}	or business b		s associated			Amour	nt of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state	_				∐ res √No		\$1	00.00,1
Method of contribution:	Money Orde	ecutive or	Date Rece 04/22/2		Aggregate contributions \$1,000.00			
Last Name		First						M.I.
Johnson		Kati	hryn					
Residential Street Address	City					State	Zip Code	
80 Kane St, Apt D06	West H					СТ	06119-2	113
Principal Occupation Retired		Name Retir	of Employe ed	r				!
Is contributor a lobbyist, spouse, or Legendent child of a lobbyist? Yes If contribution is in excess of a municipality does contributor of municipality valued at more the	or business l		s associated			Amour	nt of Conti	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	pective state	contractor	? ☐ Yes ✓ No		;	\$300.00
If yes, list Event # branches of government the contract is with:	Exc	ecutive	• [Legisla	ntive			
Method of contribution: ☐ Cash Personal Check ✔ Credit/Debit Card Payroll Deduction ☐	Money Orde	ег	Date Rece 04/25/2		Aggregate contributions \$300.00			
Last Name		First						M.I.
Fulchino`		Nic	<u> </u>					
Residential Street Address	City	utom.				State	Zip Code	റാര
3549 Silverside Rd, Apt 403	Wilming		of Employe			DE	19810-4	920
Principal Occupation Finance Director		1 "			for Congress			
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		s associated			Amour	nt 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 If yes, indicate which branch or branches of government the contract is with:	_	or pros	_	contractor	✓ No			\$10.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	<i></i>		Date Rece 04/05/2	ived	Aggregate contributions \$10.00			
	<u> </u>				Ţ.3186	<u> </u>		

SUBTOTAL Section B - This Page	\$1,310.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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Society Substitutions from Small Contributions Received this Period ONLY	NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with I	iling Repos	itory)		TYPE OF REPORT			
Subtoful Section A Subtoful Section A	Coleman for Hartford						July 10 filing			
B.	A. Total Contributions from S	mall Co	ntributors - Received thi	s Period C	NLY					
Lee Reidential Street Address 6800 Cardigan Ave Charlotte Ch	(See instructions for definition of S	mall Cont	ributor)			Subtotal Section	A			\$0.00
Darlene Darlene Residential Street Address State Zip Code			B. Itemized	Contribut	ions f	rom Individuals				
Renideration Streen Address \$600 Cardigian Avo North Committee North Committee	Last Name				Firs			***************************************	***************************************	M.I.
Charlotte NC 28215-1711	Lee				Dai	riene				
Name of Employer Novant Health Hospital	Residential Street Address			City				1		
Las contributor a labbyist, spouse, or dependent child of a lobbyist? Mo Wes	6800 Cardigan Ave			Charlot	te			NC	28215-1	711
Is contributor a lobbyist, spouse, or dependent child of a bobbyist? Yes Mo	Principal Occupation				1		A-1			
Amount of Contribution Amount of Contribut	CNA				MOA	ant Health Hospi	aı			
## Spress indicates which branch or branches of government the contract is with: ## Bypes, indicates which branch or branches of government the contract is with: ## Brounded of contribution: Cosh	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		municipality does contribute	or or business		is associated with have	a contract with said	Amoui	nt of Cont	ribution
## Contribution:	Is this contribution associated with an event reported in Section L1?		If yes, indicate which branch	or	•		∐ res ✓ No			\$50.00
Cash Personal Check Cardit/Debit Card Payroll Deduction Money Order O4/01/2023 \$50.00	If yes, list Event #			Ex	ecutiv		lative	1		
Christopher Residential Street Address City Norwell Max Cip Code MA City Code City Ci	Method of contribution: Cash Personal Check	Credit/Debit	Card Payroll Deduction	Money Ord	ler					
Residential Street Address 392 Cross St Norwell	Last Name				Firs	t				M.I.
Norwell MA 02061-1339	LeBeau				Chi	ristopher				1
Primipial Occupation Accountant Name of Employer CFG	Residential Street Address			City		<u> </u>		State		
Accountant CFG	392 Cross St			Norwel				MA	02061-1	339
dependent child of a lobbyist? No	Principal Occupation Accountant				ſ					
## State	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		municipality does contribute	or or business		is associated with have	a contract with said	Amou	nt of Cont	ribution
Method of contribution: Cash	Is this contribution associated with an event reported in Section L1?		If yes, indicate which branch		or pros	spective state contracto	TI Les			\$100.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 04/29/2023 \$100.00 Last Name Georgetti Residential Street Address 60 Cassandra Blvd West Hartford Name of Employer Self Employed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions M.I. Michael State Zip Code CT 06107-3146 Principal Occupation Amount of Contribution Amount of Contribution State Zip Code CT 06107-3146 Principal Occupation Amount of Contribution Executive Legislative Date Received Aggregate contributions	If yes, list Event #	No No		Ex	ecutiv	e Legis	lative VINO			
Residential Street Address 60 Cassandra Blvd Principal Occupation Attorney If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Michael State Zip Code CT 06107-3146 Amount of Contribution of Octobrody and the contract with said and the executive officer of a municipality valued at more than \$5,000? Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Method of contribution: Cash Personal Check	Credit/Debit	t Card Payroll Deduction	Money Ord	ler	l .	1 ,	1		
Residential Street Address 60 Cassandra Blvd Principal Occupation Attorney Self Employed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received Aggregate contributions	Last Name			······	Firs	i				M.I.
West Hartford Principal Occupation Attorney Name of Employer Self Employed	Georgetti				Mic	chael				
Principal Occupation Attorney Name of Employer Self Employed	Residential Street Address							1	1	
Attorney Self Employed	60 Cassandra Blvd			West H				СТ	06107-3	3146
municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Method of contribution: Date Received Aggregate contributions	Principal Occupation Attorney				1					
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Magregate contributions Date Received Aggregate contributions	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		municipality does contribute	or or business		is associated with have	e a contract with said	Amou	ıt of Cont	ribution
Method of contribution: Date Received Aggregate contributions	Is this contribution associated with an event reported in Section L1? Here list Event #		If yes, indicate which branch branches of government the	or	•		∐ 1es ✓ No			\$100.00
			contract is with:	L _E ,		, 	· · · · · · · · · · · · · · · · · · ·	-		
		Credit/Debit	t Card Payroll Deduction	Money Ord	ler				<u></u>	

\$250.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as	Registered with Filing Reposit	ory)	TYPE OF REPORT			
Coleman for Hartford		· · · · · · · · · · · · · · · · · · ·	July 10 filing			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	- Received this Period Of	NLY Subtotal Section A				\$0.00
	B. Itemized Contribution	ns from Individuals				
Last Name		First	,		<u></u>	M.L.
Lobon		John				
Residential Street Address	City			State	Zip Code	L
3 April Way	Bloomfie	eld		CT	06002-2	805
Principal Occupation		Name of Employer				
dependent child of a lobbyist? IN municip	bution is in excess of \$400 to a can ality does contributor or business he ality valued at more than \$5,000?			Amoun	t of Cont	ribution
event reported in Section L1?	or a principal of a state contractor of dicate which branch or of government the	r prospective state contractor cutive Legisle	∐ Yes ✓ No			\$200.00
Method of contribution:	Payroll Deduction Money Order	Date Received	Aggregate contributions \$200.00			
Last Name	10	First				M.I.
LaFontaine		Hernan				
Residential Street Address	City			State	Zip Code	
34 Goodwin Cir	Hartford			СТ	06105-5	207
Principal Occupation Retired		Name of Employer Retired				
dependent child of a lobbyist? Edition municip	bution is in excess of \$400 to a can ality does contributor or business he ality valued at more than \$5,000?			Amoun	t of Cont	ribution
event reported in Section L1? If res If yes, income	or a principal of a state contractor of dicate which branch or of government the	or prospective state contractor cutive Legisl	∐ res ✓ No			\$100.00
Method of contribution:	Payroll Deduction Money Order	Date Received	Aggregate contributions \$100.00			
Last Name		First				M.I.
Eubanks		Cassell				
Residential Street Address	City Hartford			State CT	Zip Code 06120-1	207
183 Barbour St Principal Occupation		Name of Employer		C)	00120-	607
dependent child of a lobbyist? municip	bution is in excess of \$400 to a can ality does contributor or business he ality valued at more than \$5,000?			Amoun	nt of Cont	ribution
event reported in Section L1? If yes, inc	or a principal of a state contractor of dicate which branch or of government the s with:	r prospective state contractor	□ res ✓ No			\$10.00
Method of contribution:	Payroll Deduction Money Order	Date Received 05/25/2023	Aggregate contributions \$10.00			

\$310.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A		***		\$0.00
B. Itemized C	ontributi	ons fi	om Individuals				
Last Name		First			***************************************		M.1.
King		Liar	n				
Residential Street Address	City	<u> </u>			State	Zip Code	
421 Bellevue Ave, Apt 2D	Newpor	t			RI	02840-69	946
Principal Occupation Retired		Name	of Employer		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	it of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? Yes Is contributor a principal of a state of the section L1? Yes Is contributor a principal of a state of the section L1? Yes Is contributor a principal of a state of the section L1?	r	or prosp		∐ res ✓ No		9	150.00
Method of contribution:	Money Orde		Date Received 05/12/2023	Aggregate contributions \$150.00			
Last Name	· · · · · · · · · · · · · · · · · · ·	First					M.I.
Jones		Joe				[!
Residential Street Address	City				State	Zip Code	
52 Hillcrest Rd	Manche		<u></u>		CT	06040-70	011
Principal Occupation		í	of Employer Ion Funeral Hom	е			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contribution.	or business l				Amoun	it of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes No No Is contributor a principal of a stat If yes, indicate which branch of branches of government the	r			∐ res ⊠No			\$40.00
If yes, list Event # 002 1204 contract is with:	Ex	ecutive		ntive			
Method of contribution: ☐ Cash	Money Orde	eг	Date Received 05/21/2023	Aggregate contributions \$40.00			
Last Name		First				ļ	M.I.
Lafitte		Leo		·····			
Residential Street Address	City Hartford	J			State CT	Zip Code 06106-3	504
75 Arnold St	лапиот		of Employer		<u> </u>	00100-3	304
Principal Occupation Maintainer III		ı	ord Public Librar	у			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of the contribution is in excess	or business l				Amoun	it of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052123a Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r .	or pros		∐ Tes ✓ No			\$20.00
Method of contribution:	Money Ord	$\overline{}$	Date Received 05/21/2023	Aggregate contributions \$20.00			
					<u> </u>	<u></u>	

SUBTOTAL Section B - This Page	\$210.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repositor	y)	TYPE OF REPORT			
Coleman for Hartford			July 10 filing	·		
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	- Received this Period ONI	LY Subtotal Section A				\$0.00
	B. Itemized Contribution	s from Individuals				
Last Name	}·	first				M.i.
Heyman	S	Sharon				
Residential Street Address	City			State	Zip Code	
8 Tamarack Dr	Bloomfield			СТ	06002-1	792
Principal Occupation	Na	ame of Employer				!
dependent child of a lobbyist? municip.	bution is in excess of \$400 to a candid ality does contributor or business he/sl ality valued at more than \$5,000?			Amoun	t of Conti	ribution
event reported in Section L1?	or a principal of a state contractor or p dicate which branch or of government the with:		∐ res ✓No			\$100.00
Method of contribution: ☐ Cash Personal Check Credit/Debit Card ☐	Payroll Deduction Money Order	Date Received 05/18/2023	Aggregate contributions \$100.00			
Last Name	F	First				M.I.
Krems	F	Ruth				
Residential Street Address	City	······································		State	Zip Code	
161 Beacon St	Hartford			СТ	06105-2	927
Principal Occupation Registered nurse	į	ame of Employer etire				
dependent child of a lobbyist?	bution is in excess of \$400 to a candid ality does contributor or business he/s ality valued at more than \$5,000?			Amour	nt of Conti	ribution
event reported in Section L1? If yes, inc	or a principal of a state contractor or plicate which branch or of government the with:		∐ res ✓ No			\$100.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card	Payroll Deduction Money Order	Date Received 05/18/2023	Aggregate contributions \$100.00			
Last Name	F	First				M.I.
Fussell	J	John				
Residential Street Address	City			State	Zip Code	2000
175 Garfield Rd	West Hart			СТ	06107-2	าลกล
Principal Occupation Labor lawyer		ame of Employer obert M. Cheverie &	Assoc			
dependent child of a lobbyist?	bution is in excess of \$400 to a candid ality does contributor or business he/s ality valued at more than \$5,000?			Amour	nt of Conti	ribution
event reported in Section L1? If yes, inc. No. branches of the section L1? If yes, inc. No. branches of the section L1?	or a principal of a state contractor or principal of a state contractor or principal of government the	_	✓ No			\$150.00
Method of contribution:	Payroll Deduction Money Order	Date Received 05/18/2023	Aggregate contributions \$150.00			
				<u> </u>		

\$350.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with Filing Rep	ository)	TYPE OF REPORT			
Coleman for Hartford		July 10 filing		1,	
A. Total Contributions from Small Contributors - Received this Period	ONLY				
(See instructions for definition of Small Contributor)	Subtotal Section	A		;	\$0.00
B. Itemized Contrib	utions from Individual	s de la companya de l			
Last Name	Fust			N	A.I.
Fox	Lawrence			s	3
Residential Street Address City			State	Zip Code	
60 Mountain View Dr Wes	Hartford		CT	06117-302	29
Principal Occupation	Name of Employer				
Retired	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or busing municipality valued at more than \$5,00	ss he/she is associated with hav		Amou	nt of Contrib	ution
Is this contribution associated with an event reported in Section L1? If pes, list Event # 051823a Is contributor a principal of a state contract of the section L1? If pes, list Event # 051823a		☑ res		\$	50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate contributions \$50.00)		
Last Name	First			N	4.I.
Hurvitz	Robert				
Residential Street Address City			State	Zip Code	
344 Westmont St Wes	: Hartford		CT	06117-293	38
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or busin municipality valued at more than \$5,00 to a	ess he/she is associated with har		Amou	nt of Contrib	ution
Is this contribution associated with an event reported in Section L1? No No Is contributor a principal of a state contract of the section L1? If yes, indicate which branch or branches of government the	tor or prospective state contrac	tor? Yes		\$	35.00
If yes, list Event # 051823a LINO branches of government the contract is with:	Executive	slative			
Method of contribution: ☐ Cash	Date Received 05/18/2023	Aggregate contributions \$35.00			
Last Name	First			ν.	A.I.
Hyman	Samuel			-	
Residential Street Address City		<u> </u>	State	Zip Code	
601 Village Sq Dani			CT	06810-160)6
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or busin municipality valued at more than \$5,00 to a	ess he/she is associated with har		Amou	nt of Contrib	ution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052623a Is contributor a principal of a state contract of the section L1? If yes, list Event # 052623a No Is contributor a principal of a state contract of the section L1? If yes, indicate which branch or branches of government the contract is with		tor? Yes ✓ No islative		\$1	00.00
Method of contribution:	Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction Money		\$100.00	1		

SUBTOTAL Section B - This Page	\$185.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford	Mr. Hayer			July 10 filing		<u> </u>	· · · · ·
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O		Subtotal Section A	Š			\$0.00
B. Itemized C	Contributi	ons fr	om Individuals				
Last Name		First					M.1.
Holmes		Willi	e _				Α
Residential Street Address	City				State	Zip Code	
92 Front St	New Ha				СТ	06513-3	3927
Principal Occupation		Name o	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052623a Is contributor a principal of a state of the section L1? No branches of government the contract is with:	or	or prosp ecutive		∐ 1es ✓ No			\$100.00
Method of contribution: ☐ Cash	Money Orde	er	Date Received 05/26/2023	Aggregate contributions \$100.00			
Last Name	···	First					M.I.
Hoffler		Tho	mas				
Residential Street Address	City	<i></i>			State	Zip Code	
45 Grassy Hill Rd	Waterbu	ury			CT	06704-1	1210
Principal Occupation		1	of Employer employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052623a Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	r —	or prosp ecutive	 1	∐ res			\$500.00
Method of contribution: ☐ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ег	Date Received 05/26/2023	Aggregate contributions \$500.00			
Last Name Goldbaum		First Ruth	1				M.I.
Residential Street Address	City	1101			State	Zip Code	<u> </u>
44 Walkley Rd	West H	artford	l		СТ	06119-	1345
Principal Occupation		Name o	of Employer ed		! <u></u> -	, <u>l</u> ,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific or	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a star Yes If yes, indicate which branch of branches of government the	эт			∐ res ☑No			\$35.00
If yes, list Event # contract is with:	Ex	ecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 05/28/2023	Aggregate contributions \$35.00			

\$635.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 (Prov	ide Comple	ete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford						July 10 filing			
A. Total Contributions from S (See instructions for definition of S			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				1 ust					M.I.
Harrison				Kur	t				
Residential Street Address			City	<u>.</u>			State	Zip Code	
130 Randal Ave		. 	West H			· · · · · · · · · · · · · · · · · · ·	СТ	06110-1	747
Principal Occupation				i .	of Employer neg Planners				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes V No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	it of Conti	ibution
Is this contribution associated with an event reported in Section L1? If pes, list Event #	∏Yes ✓No	Is contributor a principal of a state If pes, indicate which branch o branches of government the	r 🖳	or pros		∐ res ✓No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✔	Credit/Debi	contract is with: t Card Payroll Deduction			Date Received 05/22/2023	Aggregate contributions \$250.00			
Last Name				First	·	<u>,</u>	· · · · · · · · · · · · · · · · · · ·	**************************************	M.I.
Johnson				Dar	niel				
Residential Street Address			City	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>	State	Zip Code	
3221 Harvest Vw		·- <u></u>	Marion				TX	78124-1	406
Principal Occupation Admin Officer				l .	of Employer of Veterans Affa	irs			:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch of		or pros	pective state contractor	[] I cs			\$10.00
If yes, list Event #	✓No	branches of government the contract is with:	Ex	ecutiv	eLegisla	√ No ative]		
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	er	Date Received 05/20/2023	Aggregate contributions \$10.00			
Last Name				First					M.I.
Hirsh				Alis	on				E
Residential Street Address			City				State	Zip Code	000
22 Bay Ridge PI			Brookly		- CT1		NY	11209-1	203
Principal Occupation Chief Strategy Officer				1	of Employer e of the NYC Cor	mptroller			
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 t	or business l				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a	Yes No	Is contributor a principal of a state of the state of government the contract is with:	r	or pros		∐ res ✓No			\$50.00
Method of contribution:		оонцаот 18 МИО.			Date Received	Aggregate contributions	1		
Cash Personal Check 🗸	Credit/Debit	Card Payroll Deduction	Money Ord	er 	05/13/2023	\$50.00	<u> </u>		· · · · · · · · ·

SUBTOTAL Section B - This Page	\$310,00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A-K)

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of :

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received	this Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemize	ed Contribut	ions fi	rom Individuals				
Last Name		First					M.I.
Heckman		Jan	nes				
Residential Street Address	City		<u> </u>		State	Zip Code	<u></u>
42 Forest St	Unionvi	ille			СТ	06085-1	202
Principal Occupation		ì	of Employer				
General Counsel		CTR	Realtors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excemunicipality does contribution is in except to the contribution is	butor or business				Amour	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of		or prosp	pective state contractor	? Yes	}		\$50.00
If yes, indicate which branch or				. ✓No	ļ		φυσ.σσ
If yes, list Event # contract is with:	Ex	ccutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction	on Money Ord	lor I	Date Received	Aggregate contributions	1		
	NI LIVICINO) CAL	لـــــــــــــــــــــــــــــــــــــ	06/06/2023	\$50.00	<u></u>		M.I.
Last Name		First					IVI.I.
Goldmark		And	75		1	l et e s	
Residential Street Address	City Encino				State CA	Zip Code 91436-2	7721
4537 Woodley Ave Principal Occupation	LITOITO	Name	of Employer		10,1	01-100 2	
Songwriter		•	employed				
Is contributor a lobbyist, spouse, or	butor or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of	a state contractor	or pros	pective state contractor	? Tyes	1		מסבת ממ
event reported in Section 11? If yes, indicate which bra				✓No			\$250.00
If yes, list Event # branches of government the contract is with:	Ex	ecutive	Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction	on Money Ord	ler	Date Received 06/08/2023	Aggregate contributions \$250.00	1		
Last Name		First					M.I.
Horton Sheff		Eliz	abeth]
Residential Street Address	City	<u> </u>			State	Zip Code	1
25 Belmont Ave	Windso	or			CT	06095-3	3333
Principal Occupation			of Employer				
Director, Community Services		Com	munity Renewal	leam			
Is contributor a lobbyist, spouse, or	butor or business	he/she i			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 If yes, indicate which bra branches of government the control is with	nch or	or prosp cecutive	_	∐ 1 es ☑No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 06/20/2023	Aggregate contributions \$50.00			
The International Prince International Control of Institution persons			0012012023	φου.υυ	<u>'</u>		·

\$350.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford	······································			July 10 filing		<u></u>	
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		First					M.I.
l Hallisey		Ma	tthew				
Residential Street Address	City				State	Zip Code	1
13 Stancliff Rd	Glaston	bury			СТ	06033-3	3642
Principal Occupation			of Employer				
Lobbyist		Mati	hew Hallisey Gov	ernment Affairs, LL	С		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of municipality does contributor municipality valued at more the specific or municipality valued at more than the specific or municipality or municipality valued at more than the specific or municipality or mun	or business l				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 state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event #	ır <u>—</u>	or pros		L] res ✓ No			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 06/19/2023	Aggregate contributions \$25.00			!
Last Name		First			·		M,I.
Johnson		Wa	yne				
Residential Street Address	City				State	Zip Code	
20 Donna Ln	Windso				CT	06095-3	3201
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state		or pros	pective state contractor	r? Yes]		\$100.00
event reported in Section L1? If yes, list Event # If yes, indicate which branch of branches of government the contract is with:		ecutiv	eLegisl	ative No			ψ100.00
Method of contribution:	Money Ord	 er	Date Received 06/15/2023	Aggregate contributions \$100,00	1		!
Last Name		First			<u> </u>		M.I.
Jackson		The	omas				В
Residential Street Address	City				State	Zip Code	
100 Cold Spring Rd, Apt A216	Rocky I				СТ	06067-	3129
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business!				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or			∐ 1es			\$50.00
11 yes, list Event # contract is with:	Ex	ecutiv		ative	1		
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 06/04/2023	Aggregate contributions \$50.00		. <u>. </u>	

SUBTOTAL Section B - This Page \$179	SUBTO
TOTAL of Section B Pages \$23,619	
FROM INDIVIDUALS (Sections A + B) \$23,619 Line 13, Column A of Summary Page	TOTAL OF ALL CONTRIBUTIONS FROM IND (Enter total on Line 13, C

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of

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford			<u> </u>	July 10 filing		·- <u>-</u>	
A. Total Contributions from Small Contributors - Received the (See instructions for definition of Small Contributor)	is Period C	NLY	Subtotal Section	A			\$0.00
B. Itemized	Contribut	ions fi	om Individuals				
Last Name		First					M.1.
Hatcher		Lav	erne				[
Residential Street Address	City				State	Zip Code	<u></u>
140 Oakland Ter	Hartfor	ď			CT	06112-2	2243
Principal Occupation		Name	of Employer				
ls contributor a lobbyist, spouse, orYes If contribution is in excess dependent child of a lobbyist? No municipality valued at more	or or business than \$5,000?	he/she is	s associated with have	e a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section 1.1? If yes, list Event # Yes If yes, indicate which branch branches of government the contract is with:	or	er prosp cecutive		∐ res √ No			\$10.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	der	Date Received 06/21/2023	Aggregate contributions \$10.00)		
Last Name		First					M.I.
Hatcher		Tali	ea				
Residential Street Address	City				State	Zip Code	<u></u>
52 Westbourne Pkwy	Hartfor	d		·	СТ	06112-	1731
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess dependent child of a lobbyist? If nunicipality does contribut municipality valued at more	or or business	he/she is			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Byent # Is contributor a principal of a section L1? If yes, indicate which branch branches of government the contract is with:	or	r or prosp recutive		✓ No			\$10.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orc	der	Date Received 06/20/2023	Aggregate contributions \$10.00)		
Last Name		First	<u> </u>				M.I.
Hatcher		Dar	rielle				1
Residential Street Address	City			·	State	Zip Code	
390 Capitol Ave, Apt 231	Hartfor	d			CT	06106-	1455
Principal Occupation		Name	of Employer		-		
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Wes if contribution is in excess municipality does contribut municipality valued at more	or or business	he/she is			Amou	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 sevent reported in Section L1? If yes, list Event # Is contributor a principal of a sevent reported in Section L1? If yes, indicate which branch branches of government the contract is with:	ı or	r or prosp xecutive		□ res			\$10.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received	Aggregate contributions	7		

\$30.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as	Registered with Filing Repositor)	Ŋ	TYPE OF REPORT			
Coleman for Hartford	<u></u>		July 10 filing			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	- Received this Period ONL	Y Subtotal Section A		· · · · ·		\$0.00
	B. Itemized Contributions	from Individuals				
Last Name	Fi	irst	the same of the sa			M.L
Hennessey	s	Sharon				
Residential Street Address	City			State	Zip Code	
105 Bloomfield Ave	Hartford			CT	06105-1	1007
Principal Occupation	1	me of Employer				
Retired	[Re	etired				
dependent child of a lobbyist?	bution is in excess of \$400 to a candida ality does contributor or business he/shality valued at more than \$5,000?			Amour	ıt of Conti	ribution
event reported in Section L1? If pes, ind	or a principal of a state contractor or pr licate which branch or of government the	rospective state contractor	?			\$500.00
If yes, list Event # contract is		ive Legisla	ative			
Method of contribution; ☐ Cash Personal Check Credit/Debit Card	Payroll Deduction Money Order	Date Received 06/30/2023	Aggregate contributions \$500.00			
Last Name	F	irst		*		M.I.
llumoka	A	biodun]
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
72 Brookview Rd	Windsor			CT	06095-2	2627
Principal Occupation Professor of Engineering	Na NS	me of Employer SF				
dependent child of a lobbyist?	bution is in excess of \$400 to a candidality does contributor or business he/stality valued at more than \$5,000?			Amour	it of Conti	ribution
event reported in Section L1? If yes, ind	or a principal of a state contractor or prilicate which branch or of government the		✓ No			\$100.00
If yes, list Event # contract is		tive Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Money Order	Date Received 06/04/2023	Aggregate contributions \$100.00			
Last Name	Fi	irst				M.I.
Hardaway		ari				
Residential Street Address	City			State	Zip Code	
59 Christine Dr	East Hartfo			CT	06108-2	2932
Principal Occupation	Nai	me of Employer				
dependent child of a lobbyist? Manualcipa	bution is in excess of \$400 to a candida ality does contributor or business he/shality valued at more than \$5,000?			Amour	it of Conti	ribution
event reported in Section L1? If yes, ind	or a principal of a state contractor or principal of a state contractor or principal of government the givith:	_	√No			\$100.0
Method of contribution:		Date Received	Aggregate contributions	1		

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford July 10 filing							
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contributi	ons f	rom Individuals				
Last Name		First	Washington Control of the Control of	***************************************	*****		M.i.
Horowitz		Ma	tthew				
Residential Street Address	City				State	Zip Code	
288 Steele St	New Br	itain			CT	06052-1	1547
Principal Occupation		t	of Employer				
Youth Mentor		Man	akech				Ì
Is contributor a lobbyist, spouse, or Yes If contribution is in excess or dependent child of a lobbyist? If contribution is in excess or municipality does contribute nuncicipality valued at more	or 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 stern triple of the section L1? No branches of government the	or	•		∐ res ✓ No			\$25.00
If yes, list Event # 062423a Sometiment the contract is with:	Ex	ecutiv	e Legisla	ative]		ļ
Method of contribution: ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$25.00			ļ
Last Name		First			*		M.I.
Foster		Par	mela				
Residential Street Address	City			<u> </u>	State	Zip Code	
112 West Rd	Ellingto	n			CT	06029-3	3723
Principal Occupation			of Employer vn Paindiris & Sco	ott			
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				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a star of the section L1? No branches of government the contract is with:	or	or pros	_	✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Evans		Co	rey				
Residential Street Address	City				State	Zip Code	2450
967 Asylum Ave	Hartford		47		CT	06105-2	2459
Principal Occupation Law Dept intern		1	of Employer of New York				
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	or or business				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is this contribution a principal of a state of the section L1? If yes, indicate which branch		or pros	pective state contractor	? Yes ✓No			\$30.00
If yes, list Event # 062423a No branches of government the contract is with:	Ex	ecutiv		ative]		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er 	Date Received 06/24/2023	Aggregate contributions \$30,00			

\$155.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Carole	
Subtotal Section A	M.I.
B. Itemized Contributions from Individuals Last Name Lopez Residential Street Address Residential Str	M.I.
Last Name Lopez Residential Street Address 73 Hendricxsen Ave Principal Occupation Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor associated with an event reported in Section L1? If yes, indicate which branch or brincipal Occupation Method of contributor: Ves Windsor	311 bution
Carole	311 bution
Residential Street Address 73 Hendricxsen Ave Principal Occupation Name of Employer	bution
Partford	bution
Principal Occupation Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: State City Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O6/24/2023 \$10.00 Last Name First Lillard	bution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	!
dependent child of a lobbyist?	
dependent child of a lobbyist?	
event reported in Section L1? If yes, list Event # 062423a	\$10.00
Method of contribution: Cash	
Lewis Residential Street Address 362 Rood Ave Principal Occupation Name of Employer Self employed 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 # 062423a Lillard City Windsor Name of Employer Self employed Self employed Amount of Contribution of 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? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
Residential Street Address 362 Rood Ave Windsor Name of Employer Self employed 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 # 062423a City Windsor Name of Employer Self employed 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 If yes, indicate which branch or branches of government the contract is with: Executive Legislative	M.I.
362 Rood Ave Principal Occupation Self employed 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 # 062423a Windsor Name of Employer Self employed Self employed Amount of Contribution as a contract with said municipality valued at more than \$5,000? Is contributor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	R
Principal Occupation Name of Employer Self employed	
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 # 062423a No Self employed Amount of 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: Executive Legislative	523
dependent child of a lobbyist? In municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
event reported in Section L1? If yes, list Event # 062423a	bution
Contract is with.	\$25.00
Nothed of contribution:	
Credit/Debit Card Payroll Deduction Money Order 06/24/2023 \$25.00	
Last Name First	M.I.
Heimer Win	
Residential Street Address City State Zip Code	
799 Prospect Ave, Apt A2 West Hartford CT 06105-42	249
Principal Occupation Name of Employer Retired Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Contribution Yes No No No No No No No N	
If yes, indicate which transfer of I wanting I and I wanting I wan	bution
Conduct 8 Paul,	
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order Date Received O6/28/2023 Aggregate contributions \$20.00	S20.00

\$55.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with I	Filing Repos	itory)			TYPE OF REPORT			
Coleman for Hartford		<u></u>	<u> </u>		July 10 filing	····		
A. Total Contributions from Small Contributors - Received thi (See instructions for definition of Small Contributor)			Subtotal S	er startfelt for reger and an				\$0.00
B. Itemized	Contributi	ions fr	om Indiv	iduals				
Last Name		First						M.1.
Gately		Patr	icia				!	ĺ
Residential Street Address	City					State	Zip Code	
900 Hemlock Ave, Apt 203	South V	Nindso	or			CT	06074-7	905
Principal Occupation Retired		Name o	of Employer ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l	he/she is		vith have		Amour	nt of Contr	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or prosp		contractor	∐ res ✓No			\$20.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Receiv 06/30/20		Aggregate contributions \$20.00			
Last Name		First						M.I.
Hale		Kath	nryn					ļ
Residential Street Address	City					State	Zip Code	
54 Orchard Hill Dr	South V					СТ	06074-3	1021
Principal Occupation Realtor			of Employer yn S Hale	∋				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? WNo If contribution is in excess of municipality does contribute municipality valued at more	or or business			vith have		Amoui	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	or				√No			\$30.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction		ler ler	Date Receive 06/30/20		Aggregate contributions \$30,00			
Last Name	<u> </u>	First			7-3,00	<u> </u>		M.I.
Garnes		Geo	orde					
Residential Street Address	City	1 333				State	Zip Code	<u> </u>
197 Longvue Dr	Wether	sfield				СТ	06109-3	350
Principal Occupation		Name o	of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she is		vith have		Amoui	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or			_	∐ res VNo			\$40.00
	LIEX	cecutive		Legisl		1		
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ier	Date Recei 06/24/20	1	Aggregate contributions \$40.00			

\$90.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as	Registered with Filing Reposito	(ערוי	TYPE OF REPORT			
Coleman for Hartford July 10 filing						
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	- Received this Period ON	LY Subtotal Section A				\$0.00
	B. Itemized Contribution	us from Individuals				
Last Name		First	***************************************			M.1.
Lawrence		Marvin				
Residential Street Address	City			State	Zip Code	<u> </u>
416 Barbour St	Hartford			СТ	06120-1	048
Principal Occupation	N	lame of Employer				
dependent child of a lobbyist? The municip	oution is in excess of \$400 to a candi ality does contributor or business he/ ality valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1? If yes, in If yes, in branches or branches or branches or branches or branches or branches or branches or branches or branches or branches or br	or a principal of a state contractor or licate which branch or of government the		∐ i es ⊘ No			\$5.00
Method of contribution:	Payroll Deduction Money Order	Date Received 05/26/2023	Aggregate contributions \$5.00			
Last Name		First				M.I.
Melville		Greg				
Residential Street Address	Cîty			State	Zip Code	
484 Joshuatown Rd	Lyme			СТ	06371-3	034
Principal Occupation retired	1	lame of Employer etired				
dependent child of a lobbyist? Municip	bution is in excess of \$400 to a candi ality does contributor or business he/ ality valued at more than \$5,000?			Amoun	t of Contr	ibution
event reported in Section L1? If yes, inc	or a principal of a state contractor or ficate which branch or of government the	_	∐ res √No			\$500.00
If yes, list Event # contract is		utive Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐	Payroll Deduction Money Order	Date Received 05/17/2023	Aggregate contributions \$1,000.00			
Last Name		First				M.I.
Spence		Leslie				
Residential Street Address	City			State	Zip Code	~
7 Boulevard Ct	New Lond	 		CT	06320-4	306
Principal Occupation Social Work Supervisor		Name of Employer State of Connecticut [OCF			
dependent child of a lobbyist?	bution is in excess of \$400 to a candi ality does contributor or business he/ ality valued at more than \$5,000?			Amoun	t of Conti	ibution
event reported in Section L1? If yes, inc	or a principal of a state contractor or licate which branch or of government the with;		□ res			\$25.00
Method of contribution:	Payroll Deduction Money Order	Date Received 04/12/2023	Aggregate contributions \$175.00			<u>.</u>
	 '					

SUBTOTAL Section B - This Page	\$530.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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of 102

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contribut	ions f	rom Individuals				
Last Name		First					M.I.
Spence		Les	lie			19	
Residential Street Address	City				State	Zip Code	200
7 Boulevard Ct	New Lo			- <u></u>	CT	06320-4	306
Principal Occupation Social Work Supervisor		1	of Employer of Connecticut [DCF			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of dependent child of a lobbyist? No municipality does contributor municipality valued at more the second	or business i				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	? ☐ Yes ☑ No			\$25.00
If yes, list Event # contract is with:	Ex	ecutive		itive			
Method of contribution:	Money Ord	ler	Date Received 05/12/2023	Aggregate contributions \$175.00			
Last Name		First					M.I.
Spence		Les	ie –				}
Residential Street Address	City				State	Zip Code	
7 Boulevard Ct	New Lo				СТ	06320-4	306
Principal Occupation Social Work Supervisor		1	of Employer e of Connecticut [DCF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific property of the spe	or business				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 the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event #	r	or pros		∐ 1es ✓ No			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 06/12/2023	Aggregate contributions \$175.00)		
Last Name		First				····	M.I.
Young		She	elby				
Residential Street Address	City				State	Zip Code	<u></u>
31 Alexander Rd	Bloomfi				СТ	06002-2	2858
Principal Occupation retired		Name retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros		☑ res ☑No			\$50.00
Method of contribution:	Money Ord	ler	Date Received 04/18/2023	Aggregate contributions \$200.00			
		·	<u> </u>				

SUBTOTAL Section B - This Page	\$100.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			
Coleman for Hartford July 10 filing			
A. Total Contributions from Small Contributors - Received this Period ONLY			
(See instructions for definition of Small Contributor) Subtotal Section A			\$0.00
B. Itemized Contributions from Individuals		V N E SE	
Last Name First			M.I.
Mosley Sean			
Residential Street Address City	State	Zip Code	
134 Haddad Rd Waterbury	СТ	06708-1	896
Principal Occupation Name of Employer			
City of Waterbury Educator			
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 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?	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If pes, indicate which branch or branches of government the			\$50.00
If yes, list Event # 052623a branches of government the contract is with:			!
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ Date Received 05/26/2023 \$275.00			
Last Name First			M.I.
Viera Denise			
Residential Street Address City	State	Zip Code	
1511 N Atlantic Ave Daytona Beach	FL	32118-3	503
Principal Occupation Attorney Name of Employer Usdoj			
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	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or			\$100.00
If yes, list Event #			
Method of contribution: Date Received Aggregate contributions Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 04/28/2023 \$500.00			
Last Name First			M.I.
Mosley Ernest			
Residential Street Address City	State	Zip Code	
50 Idlewood Rd Wolcott	CT	06716-1	337
Principal Occupation Name of Employer retired retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052623a No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			\$35.00
Method of contribution: Method of contribution: Date Received Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 05/26/2023 \$735.00			

SUBTOTAL Section B - This Page	\$185.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ng Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing		· · · · · · · · · · · · · · · · · · ·	
A. Total Contributions from Small Contributors - Received this P	eriod O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Co	ntributi	ons fr	om Individuals				
Last Name		First					M.1.
Pitt		Kare	n				
Residential Street Address	City		·····		State	Zip Code	
232 Jordan Ln	Wethers	sfield			CT	06109-1	124
Principal Occupation			f Employer				
retired		retire	d				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$\frac{1}{2}\$ dependent child of a lobbyist? No If contribution is in excess of \$\frac{1}{2}\$ municipality does contributor or municipality valued at more than	business h				Amoun	of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state	contractor	or prosp	ective state contractor	? Yes			\$120.00
event reported in Section L1? If yes, indicate which branch or branches of government the				. ✓ No			ψ120.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla	itive —			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐ N	vioney Orde	er	Date Received 05/01/2023	Aggregate contributions \$345.00			
Last Name		First					M.I.
McCollum		Aller	ז				•
Residential Street Address	City				State	Zip Code	<u></u>
2250 Shepard Ave	Hamder				СТ	06518-1	509
Principal Occupation Broker	,		f Employer ic Capital Invest	ments			÷
Is contributor a lobbyist, spouse, or	r business h				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state figures, indicate which branch or	contractor	ог ргозр	ective state contractor	∐ res			\$250.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legisla	·			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Orde	er	Date Received 05/19/2023	Aggregate contributions \$500.00	 		
Last Name		First					M.I.
Milward		Stos	h				
	City				State	Zip Code	
of the or	Hartford				CT	06112-2	2205
Principal Occupation Development Consultant			f Employer CT LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Vo V	r business h				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state If yes, indicate which branch or	contractor	or prosp	ective state contractor	∐ i es			\$30.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legisla				!
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction N	Money Orde	er	Date Received 06/30/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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Coleman for Hartford A. Total Contributions from Small Contributors - Received this Period ONLY	10 filing			
A. Total Contributions from Small Contributors - Received this Period ONLY				1
(See instructions for definition of Small Contributor) Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals				
Last Name First				М.1.
Nelson Eugena				
Residential Street Address City		State	Zip Code	<u> </u>
71 Bryden Ter Hamden		CT	06517-4	010
Principal Occupation Name of Employer				
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 municipality does contributor or business he/she is associated with have a contra municipality valued at more than \$5,000?	ct with said	Amour	nt 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 contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with Executive Legislative	∏Yes ✓ No			\$50.00
Contract is wint:	gate contributions \$200.00			
Last Name First				M.I.
Pudlin Samuel				
Residential Street Address City		State	Zip Code	<u> </u>
360 Laurel St Hartford		CT	06105-2	783
Principal Occupation Name of Employer Self employed				
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 municipality does contributor or business he/she is associated with have a contra municipality valued at more than \$5,000? Yes	ect with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the	∐Yes ✓ No			\$25.00
If yes, list Event # 0024230 contract is with:				:
Method of contribution: ☐ Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 06/24/2023 ☐ Date Received 06/24/2023	gate contributions \$75.00			
Last Name First				M.I.
Simpson Nathan				<u> </u>
Residential Street Address City		State	Zip Code	10.40
185 Brook St New Britain		СТ	06051-3	0340
Principal Occupation Food service worker Name of Employer Morrison Inc.				
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 municipality does contributor or business he/she is associated with have a contra municipality valued at more than \$5,0007	ict with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a 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	∐Yes ⊻ No			\$50.00
	gate contributions	1		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/24/2023 Aggreen	\$55.00			

\$125.00	SUBTOTAL Section B - This Page
\$23,615.0	TOTAL of Section B Pages
\$23,615.0	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 Com	olete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford					July 10 filing			
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY			_,,,_		
(See instructions for definition of Small Co	intributor)			Subtotal Section A	Ā			\$0.00
	B. Itemized C	Contribut	ions fr	om Individuals				
Last Name			First					M.I.
Smith			Willi	am				
Residential Street Address		City	<u></u>			State	Zip Code	<u> </u>
678 Garden St		Hartford	ď			СТ	06112-2	2020
Principal Occupation			1	of Employer				
			Retire	∌d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality dogs contributor	or business				Amour	nt of Conti	ribution
Is this contribution associated with an	Is contributor a principal of a sta-	te contractor	or prosp	ective state contracto	r? TYes]		#400 00
event reported in Section L1? If yes, list Event # 052123a No	If yes, indicate which branch of branches of government the contract is with:		ecutive	Legisl	☑ No			\$100.00
Method of contribution: ☐ Cash Personal Check Credit/Do	bit Card Payroll Deduction	Money Ord	ler	Date Received 05/21/2023	Aggregate contributions \$150.00			
Last Name			First		<u> </u>		***************************************	M.I.
Strahinich			Dan	iel				
Residential Street Address		City	1			State	Zip Code	
930 West Blvd		Hartford	d			СТ	06105-4	1143
Principal Occupation			Retire	of Employer ed				!
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manni simaliter dana agustikustar	or business				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a	If yes, indicate which branch of branches of government the	or	or prosp		∐ res V No			\$100.00
Method of contribution:	contract is with:		ecutive	Date Received	Aggregate contributions	-		1
Cash Personal Check Credit/De	bit Card Payroll Deduction	Money Ord	ler	05/17/2023	\$200.00			ļ
Last Name			First		<u></u>	<u> </u>		M.I.
Suggs			Ron	ald				
Residential Street Address		City			<u> </u>	State	Zip Code	<u> </u>
33 Canterbury Ln		Windso	or			СТ	06095-2	2065
Principal Occupation Employee Underwriter			Name of	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manufainalitus daan aantaihutas	or business	he/she is			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch of		or prosp	ective state contracto	∐ Yes			\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	cecutive	Legis	lative V			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/De		Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$150.00			·

\$250.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

I. MONETARY RECEIPTS (Sections A-K) Page 28 of 102

NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ing Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford	***************************************		1	July 10 filing			
A. Total Contributions from Small Contributors - Received this l	Period O	NLY	CONTROL OF THE STATE OF THE STA	<u></u>	****	-111	
(See instructions for definition of Small Contributor)		}	Subtotal Section A				\$0.00
B. Itemized Co	ontributi	ons fr	om Individuals				
Last Name		First					M.1.
Tronchin		Irwir	1				
Residential Street Address	City			, · · · · · · · · · · · · · · · · · · ·	State	Zip Code	
55 Sunnyfield Dr	Windsor	r			CT	06095-3	263
Principal Occupation		Name o Retire	f Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ Mo municipality does contributor of municipality valued at more the	or business h				Amour	nt 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 If yes, indicate which branch or branches of government the				∐ 1es			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		ecutive er	Legisla Date Received 06/26/2023	Aggregate contributions \$140.00			
Last Name	<u></u>	First				<u></u>	M.L.
Williams		Rich	ard				
Residential Street Address	City			···-	State	Zip Code	005
401 W Wolcott Ave	Windsor				СТ	06095-4	335
Principal Occupation		Name o	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{3}{2}\$ municipality does contributor of municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section I.1? Is contributor a principal of a state of the section I.1? If yes, indicate which branch or		or prosp	ective state contractor				\$50.00
If yes, list Event # 062423a No branches of government the contract is with:	Exe	ecutive	Legisla				
Method of contribution:	Money Orde	er	Date Received 06/24/2023	Aggregate contributions \$175.00			
Last Name		First					M.I.
Wojtas		Joyc	e				
Residential Street Address	City				State	Zip Code	740
5 Dibble Hollow Ln	Windso				СТ	06096-2	2710
Principal Occupation Retired		Name o Retire	f Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\foxed{v}\$ municipality does contributor of municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section I.1? Yes If yes, indicate which branch or		or prosp	ective state contractor	∐ res			\$100.00
If yes, list Event # No branches of government the contract is with:	_	ecutive					
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 04/02/2023	Aggregate contributions \$100.00		· · · · · · · · · · · · · · · · · · ·	

SUBTOTAL Section B - This Page	SUBTOTAL Section B - This Page \$200.00			A. O.	
TOTAL of Section B Pages \$2	TOTAL of Section B Pages \$23,615.00		(1.00 kg sg sg		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$2 (Enter total on Line 13, Column A of Summary Page	\$\dagger \dagger \dagg	TOTAL OF ALL			

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NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford			<u></u>	July 10 filing			
A. Total Contributions from Small Contributors - Received thi (See instructions for definition of Small Contributor)	s Period O		Subtotal Section A				\$0.00
B. Itemized	Contribut	ions fro	m Individuals				
Last Name		First					M.I.
Wallace		Peka	h				Р
Residential Street Address	City	<u> </u>			State	Zip Code	<u> </u>
14 Rundelane	Bloomfi	ield			СТ	06002-1	523
Principal Occupation Retired		Name of Retire	f Employer d				
is contributor a lobbyist, spouse, or Ves If contribution is in excess of dependent child of a lobbyist? In No If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she is a			Amou	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or prospe	ctive state contractor	∐ res ✓No			\$100.00
Method of contribution; ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord		Date Received 04/02/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Nolan-Wallace		Jay		_			L
Residential Street Address	City				State	Zip Code	
14 Rundelane	Bloomf				СТ	06002-1	523
Principal Occupation		Name of	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she is			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section I.1? Yes If yes, indicate which branch branches of government the	or			[] res √No			\$50.00
If yes, list Event # contract is with:	Ex	recutive	Legisla	alive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	. 1	Date Received 04/02/2023	Aggregate contributions \$50.00			
Last Name		First					M.I.
Newman		Cedr	ic				
Residential Street Address	City	40. 1			State	Zip Code	450
16 Pezzente Ln	East Ha		277	 _	СТ	06108-1	452
Principal Occupation		Name of	f Employer				
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Wes a lf contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she is			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, list Event # Is contributor a principal of a si If yes, indicate which branch branches of government the	or	or prospe	etive state contractor	∐ res ⊠No			\$100.00
contract is with;					-		
Method of contribution: ☐ Cash	Money Ord	1	Date Received 04/03/2023	Aggregate contributions \$100.00			

\$250.00	SUBTOTAL Section B - This Page	
\$23,615.00	TOTAL of Section B Pages	
\$23,615.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	

SEEC FORM 20 Revised January 2015

L MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Registered wi	th Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received	this Period C	NLY		<u> </u>			
(See instructions for definition of Small Contributor)			Subtotal Section /	ii ii			\$0.00
B. Itemiz	ed Contribut	ions f	rom Individuals				
Last Name	-	First	······································				M.1.
Tessier		Rot	pert				1
Residential Street Address	City				State	Zip Code	<u> </u>
32 Griswold St	Hartfor	d			СТ	06114-2	2725
Principal Occupation			of Employer				
Retired		Retir	ed				
Is contributor a lobbyist, spouse, or Yes If contribution is in exceded dependent child of a lobbyist? If contribution is in exceded municipality does contributed at municipality valued at municipality valued at municipality.	butor or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branches of government it	nch or			∐ res √No			\$250.00
If yes, list Event # contract is with:	Ex	cecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Cheek ☑ Credit/Debit Card ☐ Payrol! Deduction	on Money Ord	der	Date Received 04/10/2023	Aggregate contributions \$275.00			
Last Name		First					M.I.
Tessier		Rol	pert				
Residential Street Address	City				State	Zip Code	
32 Griswold St	Hartfor	d			СТ	06114-2	2725
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or Yes If contribution is in exceed dependent child of a lobbyist? In No In which pality does contributed at municipality valued at municipality.	butor or business	hc/she			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? No No If yes, indicate which branches of government the pranches of government the	nch or	or pros	pective state contracto	^{1?}]		\$25.00
If yes, list Event # 051823a INO branches of government the contract is with:	LE E	recutiv		ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Ord	der	Date Received 05/18/2023	Aggregate contributions \$275.00	ļ		
Last Name		First					M.I.
Rohde		Car	·1				
Residential Street Address	City				State	Zip Code	
15 Teahouse Ln	Ridgefi	ield			СТ	06877-1	1702
Principal Occupation Business Coach			of Employer Rohde II				
		<u> </u>			 _		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality does contribution is in excemunicipality valued at reference.	butor or business	he/she i		i i	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which bra branches of government the section of	nch or			No □ 1 tes			\$50.00
If yes, list Event # contract is with:		xecutiv			-		
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction	on Money Oro	der	Date Received 04/02/2023	Aggregate contributions \$50.00	1		
			· · 			_	

\$325.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Compl	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford				- Laurin - Hautin - H	July 10 filing			111
A. Total Contributions from Small Co (See instructions for definition of Small Con		Period O	NLY	Subtotal Section 2				\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name			First					M.J.
Wrice			Pat	ricia				
Residential Street Address		City	1		·····	State	Zip Code	<u> </u>
82 Brittany Farms Rd, # 228J		New Bri	itain			CT	06053-1	267
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				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Yes Yes No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		∐ les No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Deb		Money Ord	er	Date Received 04/02/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Sales			Tar	ıgala				
Residential Street Address	- 	City				State	Zip Code	<u> </u>
16 Charnley Rd		Enfield				СТ	06082-4	1817
Principal Occupation Manager			1	of Employer ngton				
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				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 stat If yes, indicate which branch o branches of government the contract is with:	ır	or pros		∐ Tes √No			\$100.00
Method of contribution: Cash Personal Check Credit/Deb		Money Ord	er	Date Received 05/02/2023	Aggregate contributions \$100.00			
Last Name			First					M.L
Sutherland			Tar	nia				
Residential Street Address		City				State	Zip Code	
825 Town Colony Dr		Middlet				СТ	06457-5	917
Principal Occupation Teacher / artist				of Employer employed				
Is contributor a lobbyist, spouse, orYes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				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	r	or pros	_	∐res ⊘ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb				Date Received 05/18/2023	Aggregate contributions \$50.00			

\$250.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Comp	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford					July 10 filing			
A. Total Contributions from Small Co (See instructions for definition of Small Con		Period O		Subtotal Section A	A			\$0.00
	B. Itemized C	ontributi	ions fr	om Individuals				
Last Name	<u> </u>		Fırst					M.I.
Pearson			Cha	rlotte				
Residential Street Address		City	<u> </u>			State	Zip Code	
646 Windsor Ave, Apt C		Windso	r			СТ	06095-4	1006
Principal Occupation			ì	of Employer		-		
Retired			Retire	:đ				
Is contributor a lobbyist, spouse, or Ves dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amou	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 stat If yes, indicate which branch o branches of government the contract is with:	ı —	or prosp	_	∐ res			\$25.00
Method of contribution: Cash Personal Check Credit/Deb		Money Ord	er	Date Received 05/04/2023	Aggregate contributions \$25.00			
Last Name			First					M.I.
Sims			Elma	a Jean				
Residential Street Address		City			······································	State	Zip Code	
1213 Crest Ridge Dr		Glenn I	deights	<u> </u>		TX	75154-0)138
Principal Occupation Is contributor a lobbyist, spouse, or Yes	1		ndidate c			Amoui	nt of Cont	ribution
dependent child of a lobbyist?	municipality does contributor municipality valued at more t	han \$5,000?		Yes	✓ No			
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 prosp	ective state contracto	or? ☐Yes	}		\$500.00
If yes, list Event #	branches of government the contract is with:		ecutive	Legisl	lative No			
Method of contribution: ☐ Cash Personal Check ☐ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 05/04/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Radney			Pan	ıela				
Residential Street Address	<u> </u>	City	-t			State	Zip Code	-
161 Kensington St		Hartford	d			CT	06120-1	1718
Principal Occupation			Name o	of Employer				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business l				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 sta If yes, indicate which branch o branches of government the contract is with:	or	or prosp	_	∐ res ✓ No			\$15.00
Method of contribution:				Date Received	Aggregate contributions	1		
✓ Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord		05/03/2023	\$15.00	d .		

\$540.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

of 102

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford July 10							<u></u>
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized C	Contributi	ons f	rom Individual	s			
Last Name		First					M.1.
Staten		Alb	ert				
Residential Street Address	City	<u>.</u>			State	Zip Code	
1833 Asylum Ave	West H	artfor	d		CT	06117-	2604
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of dependent child of a lobbyist? In waiting all the dependent child of a lobbyist? In waiting all the waiting all the dependent child of a lobbyist?	or business l				Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? **Moderate of Section L19** **If yes, list Event # 052123a* **If yes, indicate which branch of branches of government the contract is with:**	or	or pros	_	∐ res ✓No			\$500.00
Method of contribution:	Money Ord	ет	Date Received 06/03/2023	Aggregate contributions \$500.00			
Last Name	-X-X-1	First			1		MI.
Pace		Lol	ethia				
Residential Street Address	City	<u> </u>			State	Zip Code	
73 Edgewood St	East Ha	rtford	<u> </u>		СТ	06108-	2923
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more t	r or business				Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052523a Is contributor a principal of a star lf yes, indicate which branch of branches of government the contract is with:	or	or pros		[✓] No			\$20.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	 Money Ord	 er	Date Received 05/25/2023	Aggregate contributions			
Last Name		Firs			1		M.I.
Morneault		Joc	ły				
Residential Street Address	City	.			State	Zip Code	:
62 Judson Ave	Mystic				СТ	06355	2150
Principal Occupation Owner			of Employer kpole Moore Tr	yon			
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	r or business l				Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052123a Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	tor? Yes No slative			\$400.00
Method of contribution: ☐ Cash	Money Ord	ег	Date Received 05/21/2023	Aggregate contributions \$400.00	1	. 	
							

\$920.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized (Contribut	ions f	rom Individuals				
Last Name		First					M.I.
Plouffe		Gor	don]
Residential Street Address	City			· · · · · · · · · · · · · · · · · · ·	State	Zip Code	<u></u>
146 Wells St	Manche	ester			CT	06040-6	3128
Principal Occupation			of Employer chester Commun	ity College			
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	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a star of the section L1? No If yes, indicate which branches of government the contract is with:	or	or prosp recutive		∐ res ✓No			\$5.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/24/2023	Aggregate contributions \$5.00			
Last Name		First					M.I.
Perry		Vin	cent				}
Residential Street Address	City	<u> </u>			State	Zip Code	<u> </u>
647 Broadview Ter	Hartford	d			СТ	06106-4	1009
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business	he/she i			Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052123a Is contributor a principal of a star of the section L1? If yes, list Event # 052123a Is contributor a principal of a star of the section L1? If yes, list Event # 052123a	or	or pros		∐ res ✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 05/21/2023	Aggregate contributions \$25.00			
Last Name		First					M.I.
Troy		Mic	hele]
Residential Street Address	City	<u> </u>			State	Zip Code	·
112 Beacon St	Hartford	d			CT	06105-3	3908
Principal Occupation Professor			of Employer of Hartford				
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 than \$5,000?	he/she i	s associated with have Yes	a contract with said No	Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a Is contributor a principal of a structure of the section of the sectio	or			✓No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		recutive ler	Date Received	Aggregate contributions \$25.00			
			00,1012020	Ψ25.00	<u> </u>		

SUBTOTAL Section B - This Page	\$55.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford	<u>- 1000, 1000, 1000, 1000, 1000, 1000</u>	···			July 10 filing			
A. Total Contributions from Small Co (See instructions for definition of Small Con		Period O	NLY	Subtotal Section /				\$0.00
	B. Itemized C	ontributi	ions fi	rom Individuals				
Last Name			First			24		M.i.
Meyerson			Will	liam				
Residential Street Address	<u> </u>	City	<u></u>			State	Zip Code	
13 Charlton Hill Rd	Marie	Hamde	,			СТ	06518-2	2550
Principal Occupation			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business }				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros	·	∐ 1es ✓No			\$50.00
Method of contribution: ☐ Cash Personal Check ☐ Credit/Det	oft Card Payroll Deduction	Money Ord	er	Date Received 05/18/2023	Aggregate contributions \$50.00			
Last Name		<u></u> -	First					M.I.
Owosu			Asa	afu				
Residential Street Address		City				State	Zip Code	
120 Beacon St		Hartford				СТ	06105-3	908
Principal Occupation Physical Therapist			l .	of Employer rancis Hospital				
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				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with;	_	or pros		[1 res [✓] No			\$250.00
Method of contribution: ☐ Cash				Date Received 05/18/2023	Aggregate contributions \$250.00			
Last Name			First					M.I.
Williams			Sus	san				
Residential Street Address		City				State	Zip Code	
1 King Philip Dr, Unit 421		West H				CT	06117-2	2152
Principal Occupation			Retir	of Employer C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business! nan \$5,000?	he/she i	s associated with have	a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? No	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	•	· 	∐ Yes √ No			\$25.00
17 yes, list event # 00 10200	contract is with:	Ex	ecutiv		ative	1		
Method of contribution: Cash	oit Card Payroll Deduction	Money Ord	cr	Date Received 05/18/2023	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page TOTAL of Section B Pages	\$325.00 \$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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Coleman for Hartford A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor) B. Itemized C				July 10 filing			
(See instructions for definition of Small Contributor) B. Itemized C				1			
	ontributi		Subtotal Section	A			\$0.00
Last Name		ions fro	om Individuals				
		First	W., company				M.L.
Steinberg		Briar	n				
Residential Street Address	City				State	Zip Code	
269 Oxford St	Hartford	d			СТ	06105-2	2249
Principal Occupation Professor		3	of Employer field State Univ		*		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a Is contributor a principal of a state of the section L1? If yes, list Event # 051823a Is contributor a principal of a state of the section L1? If yes, list Event # 051823a No branches of government the contract is with:	r	or prospe	ective state contracto	lative			\$40.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroff Deduction	Money Ord		Date Received 05/18/2023	Aggregate contributions \$40.00			
Last Name		First				***************************************	M.I.
Pickus		Davi	id				W
Residential Street Address	City			<u> </u>	State	Zip Code	
306 S Main St	West H	,			СТ	06107-3	3651
Principal Occupation		Name o Retire	of Employer ed				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of dependent child of a lobbyist? If nunicipality does contributor municipality valued at more the	or business]				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state of the section L1? No Is contributor a principal of a state of the section L1? No Is contributor a principal of a state of the section L1?	r	•		∐res ✓No			\$25.00
If yes, list Event # 001020a contract is with:	LEx	ecutive		lative	1		
Method of contribution: ☐ Cash ✓ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord		Date Received 05/18/2023	Aggregate contributions \$25.00)		
Last Name	- \ \ \	First					M.I.
Ogbar		Jeffr	ey				
Residential Street Address	City				State	Zip Code	·
125 Scarborough St	Hartford	d			СТ	06105-	1108
Principal Occupation Professor			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 the	or business l				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a Is contributor a principal of a state of the section L1? No branches of government the contract is with:	r 📻	or prospe	-	∐ res ⊠no			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Received 05/18/2023	Aggregate contributions \$100.0			

SUBTOTAL Section B - This Page	\$165.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide	e Comple	te Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford		 	\			July 10 filing			
A. Total Contributions from Sn (See instructions for definition of Sn.			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized C	ontribut	ions fi	rom Individuals				
Last Name				First					M.I.
Parker				Chr	istopher			!	
Residential Street Address	<u> </u>		City	<u></u>			State	Zip Code	L
28 Vincent Ave			New Br	itain			CT	06053-3	112
Principal Occupation			<u> </u>	1	of Employer				
Attorney				Self	employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more than the second sec	or business l				Amoun	it of Conti	ribution
event tehorten in section is it.	✓Yes No	Is contributor a principal of a state If yes, indicate which branch of branches of government the contract is with:	r	or prosp ecutivo		∐ res ✓No			\$50.00
Method of contribution: Cash Personal Check C	redit/Debit		Money Ord	ler	Date Received 05/26/2023	Aggregate contributions \$50.00			
Last Name				First					M.I.
Lundy				Cou	urtney				
Residential Street Address			Cîty	 			State	Zip Code	
73 Union St			Manche	ester			CT	06042-1	901
Principal Occupation Ball bondsman				1	of Employer tol Bail Bonds				
Is contributor a fobbyist, 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				Amour	ıt of Conti	ribution
Is this contribution associated with an event reported in Section L1?]Yes ✓No	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contractor	? ☐Yes ✓No			\$25.00
If yes, list Event #	1140	branches of government the contract is with:	Ex	ecutive	eLegisla	ative			
Method of contribution: Cash Personal Check C	redit/Debit	Card Payroli Deduction	Money Ord	ier	Date Received 05/25/2023	Aggregate contributions \$25.00			
Last Name				First					M.I.
Martinez			, -	Gil					
Residential Street Address			City				State	Zip Code	705
20 Griswold St			Hartford				СТ	06114-2	:725
Principal Occupation Executive Director				HPA	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business!	he/she i			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?]Yes √ No	Is contributor a principal of a state		or pros	pective state contractor	? Yes			\$50,00
If yes, list Event #	. 1,,,	branches of government the contract is with:	☐ Ex	ecutiv	eLegisl:	ative	}		i
Method of contribution: Cash Personal Check CC	redit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 05/25/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$125,00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with I	iling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	s Period O		Subtotal Section A				\$0.00
B. Itemized	Contributi	ions fr	om Individuals				
Last Name		First			·	· · · · · · · · · · · · · · · · · · ·	M.L.
Williams		Keni	neth				
Residential Street Address	City	1			State	Zip Code	<u> </u>
61 Goodwin Cir	Hartford	t			СТ	06105-5	5204
Principal Occupation		Name o	of Employer			·····	
Insurance		Munic	ch Re				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributed municipality valued at more	r or business l				Amou	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 st If yes, indicate which branch branches of government the contract is with:	or	or prosp	,	[√]No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 05/22/2023	Aggregate contributions \$50.00			
Last Name		First			***		M.I.
Scott		And	rea				
Residential Street Address	City	<u></u>		<u> </u>	State	Zip Code	<u></u>
130 Roger White Dr	New Ha	aven			CT	06511-1	1662
Principal Occupation Retired		Name o Retire	of Employer ed	3			
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 l				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	or			∐ res ☑No			\$100.00
If yes, list Event # contract is with:	Ex	ecutive	Legisl	ative	_		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord		Date Received 05/18/2023	Aggregate contributions \$100.00	1	<u></u>	
Last Name		First					M,I.
Wilder		Keit	h				<u> </u>
Residential Street Address	City				State	Zip Code	20.46
9910 SW 16th Ct	Pembro				FL	33025-3	3642
Principal Occupation Retired		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l				Amou	nt of Cont	ribution
Is this contribution associated with an cvent reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or prosp		√No Lives			\$150.00
Method of contribution:			Date Received	Aggregate contributions	1		

\$300.0	SUBTOTAL Section B - This Page
\$23,615.0	TOTAL of Section B Pages
\$23,615.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repos	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	s Period O		Subtotal Section A				\$0.00
B. Itemized	Contribut	ions fr	om Individuals				
Last Name		i irst					M.I.
Turner		Eric					1
Residential Street Address	City	ـــــــــــــــــــــــــــــــــــ	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
5 Mourning Dove Way	Oak Blu	uffs			MA	02557-7	'066
Principal Occupation Retired		Name (Retire	of Employer ed				
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	he/she is			Amou	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 st If yes, indicate which branch branches of government the contract is with:	or	or prosp recutive		∐ res [✓]No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 06/14/2023	Aggregate contributions \$250.00			
Last Name		First					M.I.
Utay		Arth	ur				
Residential Street Address	City	A.F. I			State	Zíp Code	
482 Main St	South V				СТ	06074-3	3906
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	ar or business	he/she is			Amou	nt of Cont	ribution
Is this contribution associated with an cvent reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which branch branches of government the	or	or prosp	_	∐ res			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	<u></u>	—Т	Date Received 06/13/2023	Aggregate contributions \$100.00			
Last Name	· · · · · · · · · · · · · · · · · · ·	First					M.L
Milling		Trin	à				
Residential Street Address	City		<u></u>		State	Zip Code	
3105 Aventine PI	Bowie				MD	20716-3	3890
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business	he/she is			Amou	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a st		or pros	pective state contracto	r? Yes			\$100.00
If yes, list Event # No If yes, indicate which branch branches of government the contract is with:		cecutive	Legisl				7100.00
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 06/09/2023	Aggregate contributions \$100.00			

\$450.0	SUBTOTAL Section B - This Page		
\$23,615.0	TOTAL of Section B Pages		
\$23,615.0	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page		

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford					July 10 filing			
A. Total Contributions from Small Co (See instructions for definition of Small Con		Period O		Subtotal Section .	A			\$0.00
	B. Itemized C	ontributi	ions fr	om Individuals				
Last Name			First			*C	**************************************	M.i.
Thornton Anderson			Mari	on				
Residential Street Address		City				State	Zip Code	
139 Oakland Ter, Fl 2		Hartford	d			СТ	06112-2	244
Principal Occupation Retired			Name o Retire	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				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	г	or prosp	ective state contracto	∐ res ✓No			\$50.00
Method of contribution: Cash Personal Check Credit/Deb	<u> </u>	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$50.00			!
Last Name	<u></u>		First					M.L.
Naraine			Stev	ren				
Residential Street Address	<u> </u>	City	· · · · · · · ·			State	Zip Code	
44 Sinclair St		Windso	r			СТ	06095-3	3449
Principal Occupation			Name o	f 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 the state of the st	or business l				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 stat If yes, indicate which branch o branches of government the	r 🗀	or prosp	ective state contracto	∐ res ✓No			\$50.00
Method of contribution: Cash Personal Check Credit/Deb	contract is with:	Money Ord		Date Received 06/13/2023	Aggregate contributions \$50.00			
Last Name			First					M.I.
Thornton			Alto	<u> </u>				
Residential Street Address 319 Jones Hollow Rd		City Marlbor	rough	- 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13		State	Zip Code 06447-1	036
Principal Occupation			Name o	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business l han \$5,000?	he/she is	associated with have	a contract with said No	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 state of the	T	or prosp		∐ 1es			\$100,00
Method of contribution: Cash Personal Check Credit/Deb		Money Ord	er	Date Received 06/13/2023	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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A. Total Contributions from Small Contributory See instructions for definition of Small Contributory Subtoal Section A B. Hemized Contributors Subtoal Section A B. Hemized Contributors Small Interest Address 466 Middletown Ave, Apt 24 Cornelius Sian Zin Code CT 06513-1076 New Haven New Haven CT 06513-1076 New Haven CT 06513-1076 New Haven New Haven New Haven New Haven New Haven CT 06513-1076 New Haven New Hav	NAME OF COMMITTEE (Provi	de Comple	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Substitutions For definition of Small Contributions	Coleman for Hartford						July 10 filing			
B. Itemized Contributions from Individuals Individuals				Period O	NLY	Subtotal Section A		·		\$0.00
Richardson Rosidential Street Address Rosidential Street Rosidential Roside				ontributi	ons f	rom Individuals				
Residential Street Address CT Contribution State CT CT CT CT CT CT CT C	Last Name				First					M.L.
Residential Street Address CT Contribution State CT CT CT CT CT CT CT C	Richardson				Coi	nelius				
Principal Occupations Name of Employer Name of Employer	Residential Street Address			City				State	Zip Code	L
In contribution a lobbyint, spouse, or dependent child of a lobbyint? Yes unincipally does contribution is in excess of \$400 to a endidate committee fir a chief executive officer of a municipality valued and more than \$5,000 or yes No unincipality valued and more than \$5,000 or yes No unincipality valued and more than \$5,000 or yes No unincipality valued and more than \$5,000 or yes No unincipality valued and more than \$5,000 or yes No unincipality valued and more than \$5,000 or year.	466 Middletown Ave, Apt 24			New Ha	ven			СТ	06513-1	076
State CT Sta			<u> </u>		Name	of Employer				
State CT Sta										!
## Store Price Pri			municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O6/06/2023 \$100.00	event reported in Section L1?		If yes, indicate which branch or branches of government the			_	∐ res ✓No			\$100.00
City Hartford City Contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist Ves If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business hershe is associated with have a contract with said municipality valued at more than \$5,000? Yes No If contributor a principal of a state contractor or prospective state contractor? Yes If 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: Nancy State City Hartford City Hartford City Hartford City Hartford City Code City Hartford City Hartford City Code City Hartford City Code City Hartford City Code City Hartford City City Code City Hartford City C	Method of contribution:	Credit/Debi		<u></u>		Date Received	Aggregate contributions			
Residential Street Address 1 Linden PI, Apt 210 Principal Occupation Retired State CT 06106-1744 Amount of Contribution Retired Retired State CT 06106-1744 Amount of Contribution Retired Amount of Contribution Retired State CT 06106-1744 Amount of Contribution Retired Amount of Contribution Retired State CT 06106-1744 Amount of Contribution Retired Retired Amount of Contribution Retired State CT 06106-1744 Amount of Contribution Retired Retired Amount of Contribution Retired Retired Amount of Contribution Retired State CT 06106-1744 Amount of Contribution Retired Retired Retired Amount of Contribution Retired Retired Amount of Contribution Retired Retired Retired Amount of Contribution Retired Retired Amount of Contribution Retired Retired Retired Amount of Contribution Retired Retired Amount of Contribution Retired Retired Retired Retired Amount of Contribution Retired Retired Retired Amount of Contribution Retired Retired Retired Amount of Contribution Retired Retired Retired Retired Retired Retired Amount of Contribution Retired Retired Retired Retired Retired Retired Amount of Contribution Retired Retired Retired Retired Retired Retired Amount of Contribution Retired Retired Retired Retired Amount of Contribution Retired Retired Retired Retired Retired Retired Amount of Contribution Retired	Last Name				First					M.I.
Hartford Hartford Hartford Retired Name of Employer Retired Re	Otter				Nai	псу				
Principal Cocupation Retired Name of Employer Retired Name of Employer Retired	Residential Street Address			City	·			State	Zip Code	
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 associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes indicate which branch or branches of government the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroff Deduction Money Order Otter Residential Street Address 1 Linden Pl, Apt 210 Frincipal Occupation Retired Retired Amount of Contribution and contribution: City Hartford State Zip Code CT 06106-1744 Principal Occupation Retired Amount of Contribution in and contributions of a contributor of principal of a state contractor? If contributor a principal of a state contractor or prospective state contractor? If yes indicate which branch or branches of government the contract is with: Otter Residential Street Address 1 Linden Pl, Apt 210 Frincipal Occupation Retired Retired Amount of Contribution in and contributions of a contribution in an 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? If yes with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If yes with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If yes with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If yes with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If yes with an excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? If yes with an excess of \$400 to a candidate committee for a c	1 Linden Pl, Apt 210			Hartford	l _			CT	06106-1	744
dependent child of a lobbyist?						* .				
went 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 Date Received No. Last Name Otter Residential Street Address 1 Linden Pl, Apt 210 Principal Occupation Retired State CT 06106-1744 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution to 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 or prospective state contractor? Is 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 Date Received Aggregate contributions			municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payrolf Deduction Money Order Date Received Aggregate contributions \$200.00	event reported in Section L1?		If yes, indicate which branch or			-	∐ res ✓ No			\$100.00
Cash Personal Check Credit/Debit Card Payrolf Deduction Money Order 05/26/2023 \$200.00	If yes, list Event #			Ex	ecutiv	eLegisl:	ative			
Otter Residential Street Address 1 Linden Pl, Apt 210 Principal Occupation Refired 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 # 062423a Method of contribution: Name of Employer Retired		Credit/Debi	Card Payroll Deduction	Money Ord	er -	5				
Residential Street Address 1 Linden Pl, Apt 210 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 contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 062423a Method of contribution: City	Last Name				First					M.I.
1 Linden Pl, Apt 210 Principal Occupation Refired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Amount of Contribution Amount of Cont	Otter				Nai	псу				
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this 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, list Event # 062423a No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions				1	1			1		744
dependent child of a lobbyist? In municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Method of contribution: Method of contribution: Date Received Aggregate contributions Amount of Contribution and principality valued at more than \$5,000? Yes No					;					
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Step			municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Date Received Legislative	event reported in Section Li?		If yes, indicate which branch or		or pros	pective state contractor	L 1 es			\$100.00
		 □1 ₁₀ 0		Ex	ecutiv	, ,	ative			
		Credit/Debi	Card Payroll Deduction	Money Ord	ег	1 1				

\$300.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with F.	TYPE OF REPORT						
Coleman for Hartford	July 10 filing						
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
	Contributi	ions fi	rom Individuals				
Last Name		First					M.1.
Nixon		Col	leen				
Residential Street Address	City				State	Zip Code	<u> </u>
19 Bidwell Pkwy	Bloomfi	ield			CT	06002-3	3001
Principal Occupation		Name	of Employer			, 	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a state of the section of	or	or prosp		∐ res ✓ No			\$15.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroli Deduction			Date Received 06/24/2023	Aggregate contributions \$15.00)		
Last Name		First				1	M.I.
Scott-Lucas		Shi	rley				ł
Residential Street Address	City				State	Zip Code	
3 Magnolia St, Fl 2	Hartford				СТ	06112-2	2346
Principal Occupation MVO		Name USP	of Employer S				
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	r or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros		∐ Yes			\$10.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/24/2023	Aggregate contributions \$10.00)		
Last Name		First					M.I.
Turner		Fre	eman				
Residential Street Address	City				State	Zip Code	
55 Burnside Ave	East Ha				CT	06108-3	3449
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a star fyes, indicate which branches of government the		or pros	pective state contractor	? ☐Yes ✓ No			\$5.00
If pes, list Event # 062423a South Property of government the contract is with:	Ex	ecutiv	e 🔲 Legisl	ative]		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/24/2023	Aggregate contributions \$5.00		.	

SUBTOTAL Section B - This Page	\$30.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford	····			July 10 filing		— <u>i</u>	·
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contributi	ons fi	rom Individuals				
Last Name		First					M.I.
Smith		Jav	ier				•
Residential Street Address	City	<u> </u>			State	Zip Code	<u> </u>
19 Trout Brook Ter	West H	artfor	d		СТ	06119-2	2227
Principal Occupation	<u> </u>	1	of Employer		<u></u>		
Bilingual tutor		East	Hartford Public 8	Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributed municipality valued at more	r or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the		or pros	· 	∐ res ✓ No			\$25.00
If yes, list Event # 0024200 contract is with:	Ex	ecutive	E Legisl	ative	<u> </u>		!
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$25.00			
Last Name		First					M.I.
Miller		Linf	ord				G
Residential Street Address	City				State	Zip Code	
107 Vine St	Hartford	4			CT	06112-2	2209
Principal Occupation Retired		Name Retir	of Employer ed				!
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state event reported in Section L1? If yes, indicate which branch is		or pros	pective state contractor	[I res			\$10.00
If yes, list Event # 062423a No branches of government the contract is with:	Ex	ecutive				•	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$10.00			
Last Name		First					M.I.
Shirley		Dor	othy				1
Residential Street Address	City				State	Zip Code	
18 Niles St	Hartford		- <u></u>		СТ	06105-2	2765
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, orYes	r or business				Amour	it of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a sta		or pros	pective state contracto	r? Yes			\$50.00
tf yes, indicate which branch of government the contract is with:		ecutive	e []Legisl	ative No			ψου,υυ
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	 Money Ord	er	Date Received 06/05/2023	Aggregate contributions \$50,00			
			· <u>. </u>	L <u></u>			

\$85.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with Filir	ng Reposit	tory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this P (See instructions for definition of Small Contributor)	eriod ON		Subtotal Section A				\$0.00
B. Itemized Co.	ntributic	ggarena sang.					Ψ0.00
Last Name	III III III III III III III III III II	First	/III 211017 Redais			I N	A.I.
Reese		Shei	la			}	-
	City	01101			State	Zip Code	
	Hartford	,			CT	06112-101	0
Principal Occupation	1	Name o	f Employer			<u> </u>	
Owner		A+ Se	rvice Providers				
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				Amour	nt of Contrib	ution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a state of If yes, indicate which branch or branches of government the	_	or prospo	ective state contractor	□ res ✓ No		\$.	25.00
Method of contribution:	Money Orde		Date Received 06/24/2023	Aggregate contributions \$25.00			
Last Name		First				N	Á.I.
Raggio		Vale	rie				
	City				State	Zip Code	
- 1	West Gr				CT	06090-141	0
Principal Occupation LCSW	- 1	i	f Employer ord Hospital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amour	ıt of Contrib	ution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the	_	•		∐ res [√]No		\$	50.00
if yes, list Event # 0024200 contract is with:	Exe	ecutive	Legisla	itive	1		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction \(\bigcap \) \(\bigcap \)	Money Order		Date Received 06/24/2023	Aggregate contributions \$50.00			
Last Name		First				h	A.I.
Rochon		Gilbe	ert				
	City				State	Zip Code	4 **7
12 4000110 01	Chalmet		CT.		LA	70043-104	+1
Principal Occupation Retired	1	Retire	f Employer ed				
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				Amour	nt of Contrib	ution
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	ective state contractor	∐ Tes √No		\$1	00.00
Method of contribution:	Money Order		Date Received 06/24/2023	Aggregate contributions \$100.00	i .		
				,	<u> </u>		

\$175.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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	\$0.00 M.1.
B. Itemized Contributions from Individuals Last Name First Plummer Daria Residential Street Address City State Zip Code	M.1.
B. Itemized Contributions from Individuals Last Name First Plummer Daria Residential Street Address City State Zip Code Code City Code City City	M.1.
Last Name First Plummer Daria Residential Street Address City State Zip Code	
Last Name First Plummer Daria Residential Street Address City State Zip Code	
Residential Street Address City State Zip Code	024
Residential Street Address City State Zip Code	024
235 Orchard Hill Dr South Windsor CT 06074-5	024
Principal Occupation Name of Employer	
Retired Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	ibution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	\$50.00
If yes, indicate which branch or hranches of government the	\$30,00
If yes, list Event # contract is with: Executive Legislative	
Method of contribution: Date Received Aggregate contributions Cash Personal Cheek ✓ Credit/Debit Card Payroll Deduction Money Order 06/30/2023 \$50.00	
Last Name First	M.I.
Waterhouse Gary	
Residential Street Address City State Zip Code	
2108 Mill Pond Dr South Windsor CT 06074-	556
Principal Occupation Name of Employer Retired Retired	!
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Who lift 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	ibution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the	\$250.00
If yes, list Event # branches of government the contract is with: Executive Legislative	
Method of contribution: Date Received 06/27/2023 Aggregate contributions 06/27/2023 Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order Money Order 06/27/2023 \$250.00	
Last Name First	M.I.
McCreery Ellen	
Residential Street Address City State Zip Code	
39 Greene Ter East Hartford CT 06108-	606
Principal Occupation Accountant Name of Employer City of Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	ribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	\$100.00
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Ψ 100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions 06/27/2023 \$100.00	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

SEEC FORM 20 Revised January 2015

1. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford	<u> </u>	··		July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O		Subtotal Section A		ж		\$0.00
B. Itemized C	Contributi	ions fr	om Individuals				
i.ast Name		First					M.I.
Pekley		Joh	n				
Residential Street Address	City	- <u>I</u>			State	Zip Code	
446 Pleasant Valley Rd	South V	Vindso	or		CT	06074-3	3487
Principal Occupation Retired		Name o Retire	of Employer ed				ļ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the second	or business l				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 star of the 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, list Event # Is contributor a principal of a star of the section L1?	or 🚐	or prosp	 -	✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/27/2023	Aggregate contributions \$50.00		•	i
Last Name		First				· · · · · · · · · · · · · · · · · · ·	M.I.
Randell		Kath	nleen				
Residential Street Address	City				State	Zip Code	
14 Julia Ct	Broad E	3rook			CT	06016-9	9307
Principal Occupation Grants Manager			of Employer of Region Educa	tion Council			
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	r or business !				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 sta If yes, indicate which branch of branches of government the contract is with:	or	or prosp	F1	∐ res			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 06/29/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Tandoh		Kwa	abena				
Residential Street Address 50 Cougar Dr	City Manche	ester			State CT	Zip Code 06040-6	3376
Principal Occupation Educator		t	of Employer employed				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or			∐ res ⊘ No			\$500.00
If yes, list Event # contract is with: Method of contribution:		ler	Date Received 06/30/2023	Aggregate contributions \$500.00			

\$650.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Con	plete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford					July 10 filing			
A. Total Contributions from Small	Contributors - Received this	Period O	NLY					 -
(See instructions for definition of Small C	ontributor)			Subtotal Section A				\$0.00
	B. Itemized C	Contributi	ions f	rom Individuals				
Last Name			First					M.I.
Woods			Tia					L
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	City	J			State	Zip Code	£
4 Símmons Rd		East Ha	artford	1		CT	06118-1	132
Principal Occupation				of Employer				
Owner			lus t	the Room				
Is contributor a lobbyist, spouse, or Y dependent child of a lobbyist?	manufainalita daga anntuibustan	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?			or pros	pective state contractor	Yes			\$5.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisl	ative No			**
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/D	ebit Card Payroll Deduction	Money Ord	ler	Date Received 06/30/2023	Aggregate contributions \$5.00			
Last Name			First			, <u></u>		M.I.
Thomas			Car	mille]
Residential Street Address		City	.!	··· <u>····</u>		State	Zip Code	
276 Lyme St		Hartford	d		·	CT	06112-1	344
Principal Occupation Unemployed			l .	of Employer mployed				
Is contributer a lobbyist, spouse, or dependent child of a lobbyist?	lancor i airestino de la competito de la	or business	he/she i			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If pes, indicate which branch of branches of government the		or pros		∐ res ✓No			\$25.00
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 06/30/2023	Aggregate contributions \$25.00			
Last Name			First					M.I.
Stroman	<u> </u>		Joh	in				
Residential Street Address		City				State	Zip Code	
49 Bina Ave		Windso				CT	06095-4	1510
Principal Occupation			Name	of Employer				
Is contributor a lobbyist, spouse, or Y dependent child of a lobbyist?	Incomining liter door contributor	or business	he/she i			Amour	nt 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 pros		∐ res ✓ No			\$5.00
Method of contribution:	contract is with:			Date Received	Aggregate contributions	1		
Cash Personal Check Credit/E	ebit Card Payroli Deduction	Money Ord	ler	05/26/2023	\$5.00			

\$35.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ons f	rom Individuals				
Last Name		First					M.I.
Dunn		Sha	aron				
Residential Street Address	City	_		open, ————————————————————————————————————	State	Zip Code	
92 Phelps St	East Ha				СТ	06108-2	259
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amour	ıt of Contr	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of section L1? If yes, list Event #	r _	or pros	_	□ res			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 06/04/2023	Aggregate contributions \$95.00			
Last Name	-	First					M.I.
Colangelo		Ste	ven				
Residential Street Address	City				State	Zip Code	
199 Oxford St	Hartford	1			СТ	06105-2	520
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1? No No Pranches of sovernment the		or pros	pective state contractor	Yes ✓ No			\$50.00
If yes, list Event # U02023a contract is with:	Exe	ecutiv		tive			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 05/25/2023	Aggregate contributions \$300.00			
Last Name Dysori		First	liam			—·····	M.I.
Residential Street Address	City				State	Zip Code	
174 Highland St, Apt C	New Ha	ven			CT	06511-2	059
Principal Occupation Educator		Name Retir	of Employer ed			···	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific or the spe	or business l				Amour	nt of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a star fyes, indicate which branch of branches of government the		or pros	pective state contractor	?		;	\$500.00
If yes, list Event # contract is with:	Ex	ecutiv		tive]		ĺ
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 04/03/2023	Aggregate contributions \$500.00			

\$600.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Comp	lete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford		· · · · · · · · · · · · · · · · · · ·		····	July 10 filing			
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY			**		
(See instructions for definition of Small Co	ıtributor)			Subtotal Section A				\$0.00
		ontributi	ons f	rom Individuals				
Last Name		-	First	سبوبي فسنسسب في المساسب		······································		M.1.
Davis			Feli	cia				
Residential Street Address		City	1,01	0.0		State	Zip Code	l
78 Edwards St		Hartford	1			CT	06120-2	839
Principal Occupation	<u> </u>		Name	of Employer			<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Innered almost transfer and a second of the second	or business f				Amour	nt of Cont	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	r	•	_	∐ res ⊘ No			\$5.00
If yes, list Event #	contract is with:	LEx	ecutive					
Method of contribution: ✓ Cash Personal Check Credit/Del	oit Card Payroll Deduction	Money Ord	er	Date Received 04/03/2023	Aggregate contributions \$5.00			
Last Name			First					M.I.
Davis			Irm	a				
Residential Street Address		City				State	Zip Code	1
116 Oakland Ter		Hartford	1			СТ	06112-2	243
Principal Occupation			Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Imunicipality does contributor	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state		or pros	pective state contractor	? ☐Yes ☑No			\$25.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	E Legisla	ative			
Method of contribution: Cash Personal Check Credit/Del	oit Card Payroll Deduction	Money Ord	er	Date Received 04/13/2023	Aggregate contributions \$25.00			
Last Name		<u></u>	First					M.I.
Coleman			Viv	ian				
Residential Street Address		City				State	Zip Code	<u></u>
15 lpswich St		West H	aven			CT	06516-1	724
Principal Occupation Sec 2				of Employer e of CT DDS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No	la talangtan dalam madibagan	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contractor	∐ Y es			\$200.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv					Ì
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Del	oit Card Payroli Deduction	Money Ord	er	Date Received 04/25/2023	Aggregate contributions \$200.00			

\$230.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Coutributions from Small Contributory - Received this Period ONLY Subtal Section A \$0.00	NAME OF COMMITTEE (Provide)	Complete	Name as Registered with Fil	ing Reposi	itory)		TYPE OF REPORT				
Substitutions for definition of Small Contributions Substitutions from Individuals	Coleman for Hartford						July 10 filing		****		
Last Plance Connolley First Friend Cheeping First Friend Frie	A. Total Contributions from Sm	all Cont	ributors - Received this	Period O	NLY						
Last Name Connolley Thomas City West Hartford State Zip Code CT 08107-3418	(See instructions for definition of Sma	ıll Contri	butor)			Subtotal Section	A			\$0.00	
Contribution State Address Cay West Hartford Cat Distribution Cart Distribution Dist			B. Itemized C	ontributi	ons fi	om Individuals					
Recidential Street Address City Contribution State City Contribution City Contribution City City Contribution City C	Last Name				First					M.I.	
Method of contribution: Personal Check CreditZebit Card Psyroll Deduction Manus of Employer Retired Amount of Contribution State Cry OS 107-3416 Amount of Contribution OS 1800-968 OS 1800	Connolley				Tho	mas				:	
Principal Occupation Retired Contributor a Lobbyist, spouse, or dependent with first of hobbyist? No If contribution is in second of \$400 to a candidate committee for a chief executive officer of numbricapility does contribute or hosiness hedden is associated with have a contract with said presented in Section 1.17 No No If contribution or hosiness hedden is associated with an event reported in Section 1.17 No No If contribute or principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contribute or principal of principal of the state contractor or prospective state contractor or pros	Residential Street Address			City					1 *		
Redired to contributor a foldyint, spouse, or dependent child of a lobbyint, spouse, or dependent child of a lobbyint, spouse, or dependent child of a lobbyint spouse, or dependent child of a lobbyint? Secontibutor a principal of a second s	16 Greenhurst Rd			West H	artford	1		CT	06107-3	416	
If contribution a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive efficer of a dependent child of a lobbyist? No It is contribution associated with a manufacipality valued at more than \$5,000? Yes No											
Amount of Contribution associated with an event reported in Section 1.17 Yes If contribution is in excess of \$400 to a sanddate committee for a chief executive officer of a fapoundent child of a lobbyist, spouse, or dependent of Section 1.17 Yes If contribution is in excess of \$400 to a sanddate committee for a chief executive officer of a municipality valued at more than \$5,000?	Retired				Keur	ea					
## Second Section L17	demonstruct ability of a habituring		municipality does contributor	or business l		associated with hav	e a contract with said	Amoui	ıt of Cont	ribution	
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Monay Order Od/22/2023 Aggregate contributions \$75,00	event reported in Section L1?	1 res	If yes, indicate which branch or	_			✓ No			\$25.00	
Residential Street Address 16 Greenhurst Rd Residential Street Address 17 Residential Street Address 18 Contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Residential Street Address 18 contributor a principal of a state contractor or prospective state contractor? Residential Street Address 19 Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O5/18/2023 \$75.00 Last Name DeBerry Residential Street Address 24 St Agnes Ln Residential Street Address 25 No State Zip Code Amount of Contribution Payroll Deduction Money Order Date Received O5/18/2023 \$75.00 Residential Street Address 24 St Agnes Ln Residential Street Address 24 St Agnes Ln Residential Street Address 24 St Agnes Ln Residential Street Address Payroll Deduction Name of Employer New York State Residential Street Address Payroll Deduction Name of Employer New York State Residential Street Address Payroll Deduction Name of Employer New York State Residential Street Address Payroll Deduction Payroll Deduction Name of Employer New York State Residential Street Address Payroll Deduction Payroll Deduction Payroll Deduction Payroll Deduction Name of Employer New York State Residential Street Address Payroll Deduction Payroll Ded	Method of contribution:	edit/Debit (Date Received	Aggregate contributions				
Residential Street Address 16 Greenhurst Rd 16 Greenhurst Rd 17 West Hartford 18 Contributor a lobbyist, spouse, or dependent child of a lobbyist? 18 this contributor a sesciated with an event reported in Section L1? 18 this contribution associated with an event reported in Section L1? 18 this contribution associated with an event reported in Section L1? 18 this contribution associated with an event reported in Section L1? 19 the section L1? 19 the section L1? 19 the section L1? 20 the section L1? 21 the contribution of branch or branches of government the contract is with: 22 the section L1 that I have a contract or prespective state contractor? 23 the section L1? 24 St Agnes Ln 24 St Agnes Ln 25 this contributor a lobbyist, spouse, or dependent child of a lobbyist? 24 St Agnes Ln 25 this contribution associated with an event reported in Section L1? 24 St Agnes Ln 25 this contribution is in excess of \$400 to a candidate committee for a chief executive of the contract is with: 25 this contribution associated with an event reported in Section L1? 26 this contribution associated with an event reported in Section L1? 27 the section L1? 28 this contribution associated with an event reported in Section L1? 29 the section L1? 20 the section L1? 21 the section L1? 22 the section L1? 23 the section L1? 24 St Agnes Ln 25 this contribution associated with an event reported in Section L1? 25 this contribution associated with an event reported in Section L1? 26 this contribution associated with an event reported in Section L1? 27 the section L1? 28 this contribution associated with an event reported in Section L1? 28 this contribution associated with an event reported in Section L1? 29 the section L1? 20 the	Last Name				First				-1-17-0	M,I.	
Residential Street Address 16 Greenhurst Rd City West Hartford Name of Employer Retired	Connolley		•		Tho	mas					
Principal Occupation Retired Name of Employer Retired Retired				City	L			State	Zip Code	<u> </u>	
Retired Secontributor 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 contribution on business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Yes No	16 Greenhurst Rd			West H	artford	1		CT	06107-3	3416	
State Contribution Section L1? Wes State S	l					· · ·			_		
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 05/18/2023 \$75.00 Last Name DeBerry Residential Street Address 24 St Agnes Ln Principal Occupation Management Is contributor a lebbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract or prospective state contributions 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: Date Received Aggregate contributions	1		municipality does contributor	or business l		s associated with hav	e a contract with said	Amour	nt of Cont	ribution	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 05/18/2023 \$75.00	event reported in Section L1?	Tres [If yes, indicate which branch or branches of government the	· 	•		✓ No			\$50.00	
DeBerry Valerie Valerie Valerie Valerie Valerie Residential Street Address City Albany State Ny 12211-2058 Valerie Val		edit/Debit (Card Payroll Deduction	Money Ord	ег						
Residential Street Address 24 St Agnes Ln Principal Occupation Management Name of Employer New York State Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: State Zip Code NY 12211-2058 NY 12211-2058 Amount of Contribution Amount of Contribution	Last Name				First					M.I.	
24 St Agnes Ln Principal Occupation Management 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 principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Amount of Contribution Amount of Contribution Amount of Contribution Legislative Stock Date Received Aggregate contributions	DeBerry				Val	erie					
Principal Occupation Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Name of Employer New York State								3	3	0050	
Management 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? 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: Method of contribution: New York State		.,		Albany				INY	12211-2	8603	
dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Mo								<u>_</u>			
went reported in Section L1? If yes, list Event # If yes, indicate which branch or branches of government the contract is with: Executive	4 1 (-1.11 - C - 1-1.1	_	municipality does contributor	or business l		s associated with hav	re a contract with said	Amoui	nt of Cont	ribution	
Method of contribution: Date Received Aggregate contributions	event reported in Section L1?	res	If yes, indicate which branch or branches of government the			·	∐ res V No			\$100.00	
1	Method of contribution:	edit/Debit (Date Received	Aggregate contributions	E .			

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete	te Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford		<u> </u>			July 10 filing			
A. Total Contributions from Small Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Small Conti	ibutor)			Subtotal Section A				\$0.00
		ontribut	ions fr	om Individuals				
Last Name			First	·····				M.1.
Dawes			Bev	erly				
Residential Street Address		City	1 20.	VII.3	<u></u>	State	Zip Code	
33 Sunset St		Windso	r			CT	06095-4	306
Principal Occupation			Name	of Employer		I	d <u> </u>	
Retired			Retir	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				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state		or prosp	pective state contractor	"Yes			\$300.00
√No.	If yes, indicate which branch or branches of government the	_		—	No			φουσ.συ
If yes, list Event #	contract is with:	Ex	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit	Card Payroll Deduction	Money Ord	ler l	Date Received 05/01/2023	Aggregate contributions \$300.00			
Last Name			First			· · · · · · · · · · · · · · · · · · ·		M.I.
Dodson			Ula					
Residential Street Address		City				State	Zip Code	<u>'</u>
37 Kent St		Hartford	4			CT	06112-2	129
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				Amour	nt 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		or prost	pective state contractor	r? ☐ Yes			\$250.00
If yes, list Event #	contract is with:	Ex	ecutive	Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Received 04/27/2023	Aggregate contributions \$250,00			
Last Name			First					M.I.
Engelstein			Lan	ry				
Residential Street Address		City	-			State	Zip Code	
55 Myrtle Ave		Montela	air			NJ	07042-2	2107
Principal Occupation Attorney			Name Retir	of Employer C				
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	he/she i:			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contracto	r? Yes			\$50.00
If yes, list Event # 051823a	If yes, indicate which branch or branches of government the contract is with:		ecuti v e	eLegisl	✓No			φυσ,σσ !
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit		Money Ord	ler	Date Received 05/22/2023	Aggregate contributions \$50.00			ļ
					_ -	-		-

\$600.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A			*	\$0.00
B. Itemized C	Contributi	ions fi	om Individuals				
Last Name		First					M.1.
Doyle		Tho	mas				
Residential Street Address	City	<u> </u>			State	Zip Code	
15 Woodland St, Apt 918	Hartford	1			CT	06105-2	317
Principal Occupation Retired		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more that the contribution is in excess of municipality valued at more that the contribution is in excess of municipality valued at more that the contribution is in excess of municipality valued at more that the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contribution.	or business l				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the contract is with	r			L res	\$200.00		
Method of contribution:	Money Orde	ecutive er	Date Received 05/16/2023	Aggregate contributions \$200.00			•
Last Name	······································	First	***************************************				M,I.
Daniels		Der	inis				w
Residential Street Address	City	ــــــــــــــــــــــــــــــــــــــ			State	Zip Code	<u> </u>
134 Englewood Dr	New Ha	aven			CT	06515-2	338
Principal Occupation President/CEo		1	of Employer ect M.O.R.E				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a star flyes, indicate which branch of branches of government the		or prosj	pective state contractor	? ☐Yes ☑No			\$100.00
If yes, list Event # branches of government the contract is with:	□ Ex	ecutive	E Legisla	tive No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 05/16/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Dashefsky		Hov	vard				
Residential Street Address	City				State	Zip Code	
49 E Maxwell Dr	West H			<u>.</u>	CT	06107-1	435
Principal Occupation Educator		1	of Employer res School				
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	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052123a Is contributor a principal of a star If yes, indicate which branch obtainches of government the contract is with:	or	or pros	·	∐ 1 es ✓ No			\$50,00
Method of contribution:	Money Ord	er	Date Received 05/21/2023	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$23,615,00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi.	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O		Subtotal Section A				\$0.00
	ontributi	ons fr	om Individuals				
Last Name		First					M.I.
Dressler		Fred	ď				
Residential Street Address	City				State	Zip Code	L
19 Northfield	West H	artford	1		СТ	06107-3	322
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of dependent child of a lobbyist? No If contribution is in excess of municipality does contributor municipality valued at more that	or business h				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052123a Is contributor a principal of a state of government the branches of government the	r	or prosp		∐ res ✓No			\$25.00
Method of contribution:	Money Orde		Date Received 05/21/2023	Aggregate contributions \$25.00			
Last Name		First			<u>'</u>	·	M.I.
Coleman		Eug	ene				
Residential Street Address	City			<u> </u>	State	Zip Code	
43 Stonefield Dr, Apt 8	Waterbu	ury			CT	06705-3	307
Principal Occupation Human Resources		t .	of Employer munity Partners i	n Action			
Is contributor a lobbyist, spouse, orYes If contribution is in excess of dependent child of a lobbyist?No	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # 052623a Is contributor a principal of a state of the section of the sectio	r	or prosp	_	✓ No			\$35,00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 05/26/2023	Aggregate contributions \$35.00			
Last Name		First					M.I.
Clark		Line	da				J
Residential Street Address	City				State	Zip Code	
123 Oakland Ter	Hartford				СТ	06112-2	2244
Principal Occupation Retired		Name (Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch of branches of government the	г	- •		✓No			\$20.00
If yes, list Event # contract is with:		ecutive			-		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 06/11/2023	Aggregate contributions \$20.00			

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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	iling Reposi	(tory)		TYPE OF REPORT			
Coleman for Hartford			<u> </u>	July 10 filing			
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		1	Subtotal Section A	<u> </u>			\$0.00
B. Itemized (Contributi	ons fr	om Individuals				
Last Namc		First					M.I.
Dean		Walt	er				D
Residential Street Address	City				State	Zip Code	
6 Old Castle Ct	West Co				sc	29170-1	1290
Principal Occupation		Nameo	f Employer				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of dependent child of a lobbyist? No municipality does contributo municipality valued at more	r or business h				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a star of the section L1? If yes, list Event # 062423a Is contributor a principal of a star of yes, indicate which branch of branches of government the contract is with:	or	or prospe	ective state contractor	∐ res ☑No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 06/24/2023	Aggregate contributions \$100.00			
Last Name		First	<u> </u>		سجيد مستحبي	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	M.I.
DeBerry		Mich	ıael				
Residential Street Address	City	<u> </u>		<u> </u>	State	Zip Code	.!
421 Hìgh St	East Ha	artford			CT	06118-3	3151
Principal Occupation		Name o	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contribute municipality valued at more	r or business h				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a star fyes, indicate which branch obtainches of government the	or	or prosp	ective state contractor	[Z]N₀ □ res			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroli Deduction		$\neg \neg$	Date Received 06/24/2023	Aggregate contributions \$50,00	. 1		
Last Name		First					M.I.
Dixon		Way	ne				
Residential Street Address	City	<u> </u>		·	State	Zip Code	
1 Malone Dr	Bloomfi			<u>. </u>	CT	06002-2	2712
Principal Occupation		i .	մ Employer Congregational	Church			
Is contributor a fobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business h				Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a Is contributor a principal of a star of the section L1? If yes, list Event # 062423a Is contributor a principal of a star of the section L1? If yes, list Event # 062423a	or	or prosp	_	∐res [∕]No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 06/24/2023	Aggregate contributions \$100.00			

\$250.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Compl	ete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford July 10 filing								
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- Nava	
(See instructions for definition of Small Con	tributor)			Subtotal Section A	N .			\$0.00
	B. Itemized C	Contribut	ions f	rom Individuals				
Last Name			First					M.i.
Crowley			Chr	isteena				V
Residential Street Address		City				State	Zip Code	
107 Vine St		Hartford	***			CT	06112-2	209
Principal Occupation			Name ICAF	of Employer RE				
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	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		✓ No			\$10.00
Method of contribution: Cash Personal Check Credit/Debi		Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$10.00			
Last Name			First	<u></u>				M.I.
Desiderato			Dav	rid			٠	}
Residential Street Address		City	<u> </u>			State	Zip Code	<u> </u>
88 Simsbury Rd		West G	ranby			СТ	06090-1	410
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				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423a	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	т <u> </u>	or pros	_	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	it Card Payroll Deduction	Money Ord	er	Date Received 06/24/2023	Aggregate contributions \$50.00			
Last Name	<u>, </u>	T	First			*		M.I.
Desideraggio			Hill	ary				
Residential Street Address	 -	City West G	ranhu	,		State CT	Zip Code 06090-1	1410
88 Simsbury Rd Principal Occupation		yyest		of Employer			00000	1410
Legislative Aide					y, Senate Dems cat	icus		
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	it of Cont	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 contracto	□ 1 es			\$25.00
If yes, list Event # 062423a No	branches of government the contract is with:	Ex	ecutiv		,	-		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	it Card Payroll Deduction	Money Ord	ler	Date Received 06/24/2023	Aggregate contributions \$25.00)		

SUBTOTAL Section B - This Page	\$85.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this I (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		First					M.I.
DeBerry		Joh	n				
Residential Street Address	City				State	Zip Code	
102 Brantwood Rd	Buffalo		·		NY	14226-4	370
Principal Occupation			of Employer employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 5 municipality does contributor of municipality valued at more the	or business l				Amour	nt 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:	_	or pros	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	∐ les ☑No			\$100.00
Method of contribution:	Money Orde		Date Received 06/30/2023	Aggregate contributions \$100.00			
Last Name	the state of the s	First	·				M.I.
Conderino		Jar	nes				
Residential Street Address	City	1			State	Zip Code	·
PO Box 2182	Manche	ster			CT	06045-2	182
Principal Occupation Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$1.50 to \$1.00	\$400 to a car		of Employer committee for a chief e	xecutive officer of a	Amoun	nt of Cont	ribution
dependent child of a lobbyist? No municipality does contributor of municipality valued at more the		ne/she	s associated with have a	contract with said No	Ainout	it of Conti	HOISHUH
Is this contribution associated with an event reported in Section L1? Yes You that For the Contributor a principal of a state if yes, indicate which branch or branches of government the		-		☑No	ļ 1		\$5,00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ecutiv er	Date Received 05/26/2023	Aggregate contributions \$5.00			
Last Name	- 	Fírst			<u></u>		M.I.
Harris		Vic	toria				
Residential Street Address 66 W Main St, Apt 302	City New Br	itain			State CT	Zip Code 06051-2	2290
Principal Occupation Adjuster			of Employer Catastrophe Sen	/ices			
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				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section I.1? Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the	r _	•		∐ res ✓No			\$20.00
If yes, list swent # contract is with: Method of contribution:	Ex	ecutiv	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Interior Orde	VI	04/18/2023	\$160.23		· -	

e \$125.00	SUBTOTAL Section B - This Page
s \$23,615.00	TOTAL of Section B Pages
ΦΖΟ,010,0 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 COMMITIEE (Provide Complete N	Name as Registered with Filing Repo	ository)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing			
A. Total Contributions from Small Contributors - Received this Period ONLY							
(See instructions for definition of Small Contribu	itor)		Subtotal Section A				\$0.00
	B. Itemized Contribu	tions 1	from Individuals				
Last Name		Firs	t		· · · · · · · · · · · · · · · · · · ·		M.i.
Evans		Gre	egory				
Residential Street Address	City				State	Zip Code	1
1129 Fern St NW	Wash	ngton			DC	20012-2	327
Principal Occupation		1	of Employer				
Attorney		Dist	rict of Columbia				
y ' ' Lourn'	If contribution is in excess of \$400 to a c municipality does contributor or busines municipality valued at more than \$5,000	s he/she			Amoun	t of Conti	ribution
event reported in Section L1?	contributor a principal of a state contractor fyes, indicate which branch or tranches of government the	or or pros	spective state contractor	?			\$250.00
I If her het hvent #	contract is with:	xecutiv	reI.egisla	ntive			
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Car	rd Payroll Deduction Money O	rder	Date Received 06/29/2023	Aggregate contributions \$600.00			
Last Name		Firs	t				M.I.
Gluck		Su	san			ł	}
Residential Street Address	City				State	Zip Code	
27 Cambridge St	West				СТ	06110-2	303
Principal Occupation Social Worker		I	e of Employer employed				
dependent child of a lobbyist?	If contribution is in excess of \$400 to a c municipality does contributor or busines municipality valued at more than \$5,000	s he/she			Amour	it of Conti	ribution
event reported in Section L1? It was list true # 051823a	contributor a principal of a state contractor fyes, indicate which branch or oranches of government the	or or pro		✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Car	COINTACT IS WHILE.		Date Received 05/18/2023	Aggregate contributions \$75.00			
Last Name		Firs	. <u>. </u>		1,		M.I.
LeBeau		Ga	ary				
Residential Street Address	City	_!			State	Zip Code	·
338 Foote Rd	South	Glaste	onbury		CT	06073-3	312
Principal Occupation retired		Name retir	e of Employer ed				
	If contribution is in excess of \$400 to a contribution of municipality does contributor or business municipality valued at more than \$5,000	s hc/she			Amoun	ıt of Conti	ribution
event reported in Section L1?	contributor a principal of a state contractor	or or pro	spective state contractor	^{r?} ☐ Yes ☑ No			\$50.00
If yes, list Event # 0010200	oranches of government the contract is with:	xecutiv		ative			
Method of contribution: Cash Personal Check Credit/Debit Car	rd Payroll Deduction Money C	rder	Date Received 05/18/2023	Aggregate contributions \$800.00		<u>.</u>	

\$350.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registere	ed with Filing Repos	sitory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing		···	
A. Total Contributions from Small Contributors - Receiv	ed this Period C	DNLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Ite	mized Contribut	tions fr	om Individuals				
Last Name		First					M.i.
LeBeau		Gan	/				•
Residential Street Address	City				State	Zip Code	
338 Foote Rd	South	Glastor	bury		CT	06073-3	312
Principal Occupation retired		Name o	of Employer d				
dependent child of a lobbyist? No municipality does continuous continuou	excess of \$400 to a ca ontributor or business I at more than \$5,000?	he/she is	associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052523a Is contributor a princip If yes, indicate which branches of government contract is with:	h branch or	r or prosp xecutive		∐ res ☑No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Dec	duction Money Or	der	Date Received 05/25/2023	Aggregate contributions \$800.00			
Last Name		First			,		M.I.
Abdul-Salaam		Mus	tafa				1
Residential Street Address	City				State	Zip Code	
2413 Hillsdale PI SE	Washir		<u></u>		DC	20020-4	1450
Principal Occupation Facilitator		1	of Employer Employed				
dependent child of a lobbyist? municipality does c	excess of \$400 to a ca contributor or business I at more than \$5,000?	s h <i>el</i> she is			Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princip If yes, indicate which branches of governm contract is with:	h branch or	r or prosp xecutive		∐ les ✓lNo			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Dec	duction Money Ord	der	Date Received 04/28/2023	Aggregate contributions \$750.00	1		
Last Name		First					M.I.
Abdul-Salaam		Mus	tafa				
Residential Street Address	City				State	Zip Code	
2413 Hillsdale PI SE	Washir		·		DC	20020-4	1450
Principal Occupation Facilitator			of Employer Employed				
dependent child of a lobbyist? municipality does c	excess of \$400 to a ca contributor or business I at more than \$5,000?	he/she is			Amou	nt of Cont	ribution
Is this contribution associated with an cvent reported in Section L1? If yes, list Event # Is contributor a princip Yes If yes, indicate which the branches of governm contract is with:	h branch or	r or prosp xecutive	-	∐ 1 es ✓ No			\$250.00
Method of contribution:	duction Money Or	der	Date Received 05/28/2023	Aggregate contributions \$750.00			
<u> </u>					-		

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete No	ame as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford		<u> </u>		<u> </u>	July 10 filing	···	····	· · · · · · · · · · · · · · · · · · ·
A. Total Contributions from Small Contrib		Period O	NLY					
(See instructions for definition of Small Contribut				Subtotal Section A				\$0.00
	B. Itemized C	ontributi	_	rom Individuals				
Last Name			First					M.I.
Abdul-Salaam			Mu	stafa				
Residential Street Address		City			<u> </u>	State	Zip Code	
2413 Hillsdale PI SE	Fau	Washin	gton			DC	20020-4	1450
Principal Occupation Facilitator			1	of Employer Employed				
dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amour	t of Cont	ribution
event reported in Section L1? If you list Byent #	ontributor a principal of a state yes, indicate which branch or anches of government the miract is with:	·	or pros		∐ res √No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card		Money Ord	er	Date Received 06/28/2023	Aggregate contributions \$750.00			
Last Name			First		······································			M.I.
Adams			Kirl	<	<u> </u>	,		
Residential Street Address		City			'	State	Zip Code 10024-6	DOEE .
227 Central Park W		New Yo		c= 1		NY	10024-0	3033
Principal Occupation Exec Director			ſ	of Employer thcare Education	Project			
dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more th	or business i				Amour	nt of Cont	ribution
(VIES	ontributor a principal of a state		or pros	pective state contractor	? Yes			\$500.00
If we list Event # 051823a No br	anches of government the entract is with:	-	ecutiv	eLegisla	ntive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Ord	er	Date Received 05/15/2023	Aggregate contributions \$500.00			
Last Name	,		Pirst					M.I.
Alston			Ma	rcus				
Residential Street Address		City				State	Zip Code	
21 Linvale Ln		Bridgev				NJ	08807-2	2351
Principal Occupation Lawyer				of Employer Itech				
dependent child of a lobbyist?	if contribution is in excess of t municipality does contributor municipality valued at more th	or business l ian \$5,000?	he/she i	is associated with have	a contract with said No	Amour	nt of Cont	ribution
event reported in Section L1? If use list fiven # If No br.	ontributor a principal of a state yes, indicate which branch or anches of government the	· _	or pros		∐ res ✓No	\$500.00		
Method of contribution: Cash Personal Check Credit/Debit Card	ontract is with: Payroll Deduction	 _		Date Received 06/30/2023	Aggregate contributions \$500.00		<u></u> .	

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Rep	ository)		TYPE OF REPORT			
Coleman for Hartford July 10 filing			July 10 filing				
A. Total Contributions from Small Contribu			ubtotal Section A				\$0.00
	B. Itemized Contribu	utions fro	m Individuals				
Last Name		First					M.1.
Al-Sagaf		Elizak	peth				L
Residential Street Address	City	 	, , , , , , , , , , , , , , , , , , , 		State	Zip Code	<u> </u>
190 Euclid StW	Hartfo	ord			CT	06112-1	015
Principal Occupation Social worker		Name of Retired	Employer				
dependent child of a lobbyist?	contribution is in excess of \$400 to a unicipality does contributor or busines unicipality valued at more than \$5,000	ss he/she is a			Amoun	it of Conti	ribution
event reported in Section L1? If yes list Event # If yes bran	otributor a principal of a state contract 25, indicate which branch or 16 tacks of government the 17 tract is with:	or or prospec Executive	tive state contractor	[res √No			\$50.00
Method of contribution: ☐ Cash	Payroll Deduction Money C	3	Date Received 06/14/2023	Aggregate contributions \$50.00			
Last Name	<u>a.</u> . <u>a a</u> a <u>a.</u> .	First	*** *** * *				M.I.
Beaver		Frank				!	1
Residential Street Address	City	"			State	Zip Code	
40 Hope Cir	Winds				СТ	06095-3	507
Principal Occupation		Name of	Employer				
dependent child of a lobbyist?	contribution is in excess of \$400 to a unicipality does contributor or busine unicipality valued at more than \$5,000 to the state of th	ss he/she is a			Amour	nt of Conti	ribution
event reported in Section L1?	ntributor a principal of a state contract s, indicate which branch or aches of government the	lor or prospec	ctive state contractor	? ☐Yes ✓ No			\$50.00
	ract is with:	Executive	Legisla	ntive			
Method of contribution: ☐ Cash Personal Check Credit/Debit Card	Payroli Deduction Money C	. 1	Date Received 05/16/2023	Aggregate contributions \$150.00			
Last Name		First					M.I.
Bakre		Titilay	' 0				
Residential Street Address	City		-		State	Zip Code	
131 High Wood Dr	South	Glastont			СТ	06073-2	908
Principal Occupation Nursing			Employer Horizon Home	care			
dependent child of a lobbyist?	contribution is in excess of \$400 to a unicipality does contributor or busine unicipality valued at more than \$5,000	ss he/she is a			Amour	nt of Conti	ribution
event reported in Section L1? If yes If yes If yes bran	atributor a principal of a state contract 25, indicate which branch or 16 notes of government the 17 tract is with:	tor or prospec Executive	ctive state contractor	∐ res ✓No	\$500.00		
Method of contribution:	Darrio Milli		Date Received	Aggregate contributions	1		
☐ Cash ☐ Personal Check ✔ Credit/Debit Card	Payroll Deduction Money C		04/01/2023	\$500.00			
	<u> </u>						

\$600,00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Co	mplete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford		<u></u>			July 10 filing			
A. Total Contributions from Small	Contributors - Received this	Period O	NLY					
(See instructions for definition of Small (Contributor)			Subtotal Section A		•		\$0.00
	B. Itemized C	ontributi	ons fr	om Individuals				
Last Name	**************************************		1/irst				***************************************	M.I.
Barlow			Edw	ard				J
Residential Street Address		City		The state of the s		State	Zip Code	
235 E River Dr		East Ha				СТ	06108-5	016
Principal Occupation			Name o Retire	f Employer				
Retired			Reure	·u				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch or		or prospe	ective state contractor	?			\$500.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisla	ntive P100			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/	Debit Card Payroll Deduction	Money Ord	er	Date Received 04/05/2023	Aggregate contributions \$500.00			
Last Name			First					M.I.
Barrett			Susa	an ·			!	
Residential Street Address		City				State	Zip Code	
122 Wilton Rd		Fairfield				СТ	06824-4	043
Principal Occupation Retired			Name o Retire	f Employer e d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more the second sec	or business l				Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch or		or prosp	ective state contractor	∐ res			\$20.00
If yes, list Event #	o branches of government the contract is with:	Ex	ecutive	Legisla	ntive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/	Debit Card Payroll Deduction	Money Orde	er	Date Received 05/04/2023	Aggregate contributions \$20.00			
Last Name			First					M.I.
Augustine			Mich	iele				
Residential Street Address		City				State	Zip Code	
289 Westland St		Hartford				СТ	06112-2	:039
Principal Occupation Retired			Name o	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Conti	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			\$500.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutive	Legisl	ative			
Method of contribution: Cash ✓ Personal Check Credit/	Debit Card Payroli Deduction	Money Ord	er	Date Received 05/22/2023	Aggregate contributions \$500.00			
					-			

\$1,020.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Complete Name as Registered with F	iling Reposi	tory)		TYPE OF REPORT			
Coleman for Hartford	<u> </u>			July 10 filing			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized (Contributi	ons f	rom Individuals				
Last Name		First					M.I.
Arroyo		Rai	nonita				
Residential Street Address	City				State	Zip Code	
258 Old Foxon Rd	East Ha	ven			CT	06513-2	2659
Principal Occupation		•	of Employer				
Clinic Health Manager		Casa	a Otonal Inc.				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of dependent child of a lobbyist? No municipality does contributor municipality valued at more to	r or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052623a Is contributor a principal of a star of the section L1? If yes, list Event # 052623a Is contributor a principal of a star of the section L1? If yes, list Event # 052623a	or	or pros		∐ res			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 05/26/2023	Aggregate contributions \$100.00			
Last Name		First					M.I.
Aracena		Edg	jar 💮				1
Residential Street Address	City	1			State	Zip Code	
628 Main St	Portland	4			CT	06480-1	1134
Principal Occupation Union organizer			of Employer ed Auto Workers				
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	r or business l				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes You If yes, list Event # Is contributor a principal of a state of the section	or	or pros	·	∐ res			\$20.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	 _		Date Received 05/16/2023	Aggregate contributions \$20.00			
Last Name		First		<u> </u>			M.I.
Beaver		Viv	an				}
Residential Street Address	City	. 			State	Zip Code	
40 Hope Cir	Windso				CT	06095-3	3507
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r 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 section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event #	or	or pros		∐ res ✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 06/02/2023	Aggregate contributions \$50.00			

\$170.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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 Comp	lete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford	<u></u>				July 10 filing			
A. Total Contributions from Small C (See instructions for definition of Small Co		Period O		ubtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fro	m Individuals				
Last Name		100	Fusi		<u></u>			M.I.
Biggs			Doro	thy				
Residential Street Address		City				State	Zip Code	
123 Oakland Ter		Hartford	j			СТ	06112-2	244
Principal Occupation retired			Name of retired	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributed	or business l				Amour	nt of Contr	ibution
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 contract is with:	r	or prospe ecutive	ctive state contractor	∐ res ✓No			\$25.00
Method of contribution: ☐ Cash Personal Check ☐ Credit/De	bit Card Payroll Deduction	Money Ord	1	Date Received 04/13/2023	Aggregate contributions \$125.00			
Last Name			First				,	M.I.
Bowden-Lewis			TaSh	un				
Residential Street Address		City				State	Zip Code	000
2950 Broadbridge Ave	<u></u>	Stratfor				СТ	06614-2	926
Principal Occupation Attorney			St of C	Employer T				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	lmunicinatity dogs pontributor	or business l				Amour	ıt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052623a No	Is contributor a principal of a state of the	r	or prospe	ctive state contractor	∐ res ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/De	contract is with:	Money Ord		Date Received 05/26/2023	Aggregate contributions \$255.23			
Last Name			First	· · · · · · · · · · · · · · · · · · ·				M.I.
Butts			Milto	n			La: - :	L
Residential Street Address 521 Hill Ave		City Pittsbur	gh			State PA	Zip Code 15221-2	2010
Principal Occupation Teacher/Administrator				Employer Buttons Consu	Itants, LLC.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	learniainatita daan aantributan	or business l	-			Amour	nt of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or prospe	ctive state contractor	∐ 1es √No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De	·			Date Received 04/15/2023	Aggregate contributions \$150.00			
					<u> </u>	·		

\$175.00	SUBTOTAL Section B - This Page
\$23,615.00	TOTAL of Section B Pages
\$23,615.00	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	Complete	e Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Coleman for Hartford						July 10 filing		··········	 -
A. Total Contributions from Sma (See instructions for definition of Sma			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	rom Individuals				
Last Name			······································	First					M.I.
Butts				Milt	on				L
Residential Street Address	,	<u> </u>	City	4	 		State	Zip Code	
521 Hill Ave			Pittsbur	gh			PA	15221-2	2010
Principal Occupation				i	of Employer				
Teacher/Administrator				Bras	s Buttons Consul	tants, LLC.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	t of Conti	ribution
event reported in Section 1717	Yes No	Is contributor a principal of a state If yes, indicate which branch of branches of government the contract is with:	r	or prosp		∐ res ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre-	dit/Debit (Money Ord	er	Date Received 06/16/2023	Aggregate contributions \$150.00			
Last Name				First					M.I.
Calabrese				Ash	iley				
Residential Street Address			City	<u></u>			State	Zip Code	<u> </u>
1176 N Main St			West H	artfore	d		CT	06117-1	209
Principal Occupation Lobbyist	· · · · · · · · · · · · · · · · · · ·			Name Nova	of Employer artis				
dependent child of a lobbriet?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	ıt of Conti	ribution
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		_	∐res ✓No			\$250.00
If yes, list Event #		contract is with:	Ex	ecutive		ative			
Method of contribution: Cash Personal Check 🗸 Crea	dit/Debit (Card Payroll Deduction	Money Ord	er _	Date Received 06/30/2023	Aggregate contributions \$500.00			
Last Name				First					M.I.
Bradford				Sha	aron				
Residential Street Address			City				State	Zip Code	
174 Haverford St			Hamde				CT	06517-1	1908
Principal Occupation Social Worker				1	of Employer Haven Public Sc	hoois			
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	ıt of Conti	ribution
event reported in section 1713	Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or pros		∐ res ✓ No			\$50.00
Method of contribution:	dit/Debit (contract is with: Card Payroll Deduction			Date Received 05/25/2023	Aggregate contributions \$300.00			
<u> </u>					<u> </u>				

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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Coleman for Hartford			TYPE OF REPORT			
			July 10 filing			
A. Total Contributions from Small Contributors - Received this Period (See instructions for definition of Small Contributor)		Subtotal Section A		v- v		\$0.00
B. Itemized Contribu	utions fr	om Individuals				
Last Name	First					M.l.
Calderon	Jorg	je				
Residential Street Address City				State	Zip Code	
17 Merriam Ave Bloom	nfield			CT	06002-38	306
Principal Occupation	F .	of Employer employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or business municipality valued at more than \$5,000	ss he/she is			Amoui	nt of Contri	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052523a Is contributor a principal of a state contract of the section L1? If yes, list Event # 052523a Is contributor a principal of a state contract of the section L1? If yes, list Event # 052523a In our principal of a state contract of the section L1?	tor or prosp Executive		∐ res ⊘ lNo			\$75.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money C	Order	Date Received 05/25/2023	Aggregate contributions \$325.00			
Last Name	First					M.I.
Brown	Mar	cus				
Residential Street Address City				State	Zip Code	
183 Barbour St Hartfo				СТ	06120-18	307
Principal Occupation	Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or business municipality valued at more than \$5,000 to a municipality valued at more than \$5,000 t	ss he/she is			Amoui	nt of Contri	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract If yes, indicate which branch or branches of government the contract is with:	tor or prosp Executive	_	[∐ res			\$10.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroli Deduction Money C	Order	Date Received 05/25/2023	Aggregate contributions \$10.00			
Last Name	First			· · · · · · · · · · · · · · · · · · ·		M.Ï.
Beckett	Suz	ann				
Residential Street Address City				State	Zip Code	
543 Prospect Ave West	Hartford	1		CT	06105-29	922
Principal Occupation Attorney	I I	of Employer ett Law LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a municipality does contributor or busines municipality valued at more than \$5,000 to a	ss he/she is			Amou	nt of Contri	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract If yes, indicate which branch or branches of government the contract is with:	tor or prosp Executive	_	∐ res ⊘ No		\$	\$200.00
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐ Money C	Order	Date Received 04/16/2023	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$285.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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of

NAME OF COMMITTEE (Provide	e Comple	te Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford						July 10 filing		~~,	
A. Total Contributions from Sn (See instructions for definition of Sm			Period O	NLY	Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons f	rom Individuals				
Last Name				First	į				M.J.
Brooks				Ne	ville]
Residential Street Address			City				State	Zip Code	
46 Torpey Dr			East Ha	artford	d		СТ	06108-2	2900
Principal Occupation		<u> </u>		1	of Employer				
Retired				Retii	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoui	nt of Conti	ribution
event reported in Section L17]Yes Z]No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	ĭ	-		∐ Yes √No			\$500.00
If yes, list event #	1	contract is with:	Ex	ecutiv		ative	1		
Method of contribution: Cash Personal Check ✔ Ci	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 04/11/2023	Aggregate contributions \$500.00			
Last Name				First	t				M.I.
Bryant				Ric	hard				ļ
Residential Street Address			City	•	<u> </u>	<u></u>	State	Zip Code	<u> </u>
31 Diamond St			New Ha	ven			СТ	06515-1	314
Principal Occupation Retired				Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amou	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?]Yes	Is contributor a principal of a stat If yes, indicate which branch o		or pros	spective state contractor	? ☐Yes ✓ No			\$250.00
If yes, list Event #	Z No	branches of government the contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit	Card Payroli Deduction	Money Ord	er	Date Received 04/05/2023	Aggregate contributions \$250.00			
Last Name	t			Firs	t				M.I.
Brown				Jer	ту				
Residential Street Address			City Hartford	 d			State CT	Zip Code	•
Principal Occupation				Name	of Employer				<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				Amou	nt of Cont	ribution
event reported in Section L17	✓Yes]No	Is contributor a principal of a state If yes, indicate which branch o branches of government the	or			∐ 1ĕs VNo			\$25.00
If yes, list Event # 00 1020a		contract is with:	Ex	ecutiv		ative			
Method of contribution: Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 05/18/2023	Aggregate contributions \$25.00			.

SUBTOTAL Section B - This Page	\$775.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Co	mplete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford	<u> </u>				July 10 filing			
A. Total Contributions from Small (See instructions for definition of Small)		Period O	NLY	Subtotal Section A				\$0.00
	B. Itemized (Contribut	ions f	rom Individuals				
Last Name		2	First					M.L.
Buchanan			Ma	rgaret				
Residential Street Address		City	<u> </u>			State	Zip Code	***************************************
1 Gold St, Apt 20C		Hartford	d			CT	06103-2	2908
Principal Occupation			Name Retir	of Employer ed				_
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 051823a	o If yes, indicate which branch of branches of government the	or	or pros	_	∐ res ✓No			\$25.00
Method of contribution:	Debit Card Payroll Deduction	Money Ord		Date Received 05/18/2023	Aggregate contributions \$25.00			
Last Name		***	First					M,I.
Bradley			Der	nnis				}
Residential Street Address		City			· · · · · · · · · · · · · · · · · · ·	State	Zip Code	L
853 Fairfield Ave		Bridgep	oort			CT	06604-3	3703
Principal Occupation Attorney			1	of Employer liey Law Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 052623a	If ves. indicate which branch of	or	or pros		∐ res ✓No			\$100.00
Method of contribution: ✓ Cash Personal Check Credity	Debit Card Payroll Deduction	Money Ord	ler	Date Received 05/26/2023	Aggregate contributions \$100.00			
Last Name			First					M.I.
Bragg			Kyl	е				
Residential Street Address		City				State	Zip Code	
24907 Memphis Ave		Roseda				NY	11422-2	2156
Principal Occupation Consultant			3	of Employer 3 Consultants LL	С			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she i			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	o If yes, indicate which branch of branches of government the	эr 	or pros	_	∐ Tes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit	contract is with: Debit Card Payroll Deduction			Date Received 05/18/2023	Aggregate contributions \$100.00	<u></u>		
					· —	-		

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT		
Coleman for Hartford	<u> </u>			July 10 filing	<u> </u>	
A. Total Contributions from Small Contributors - Received thi (See instructions for definition of Small Contributor)	is Period C	NLY	Subtotal Section A			\$0.00
B. Itemized	Contribut	ions f	rom Individuals			
Last Name	· · · · · · · · · · · · · · · · · · ·	First			<u></u>	M.1.
Deutsch		Lar	ry			
Residential Street Address	City	٠		······································	State	Zip Code
2621 Palisade Ave	Bronx				NY	10463-6106
Principal Occupation		Name	of Employer			
retired		retire	ed			
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	he/she i			Amou	at of Contribution
is this contribution associated with an event reported in Section L1? Yes If yes, list Event # Is contributor a principal of a second in Section L1? If yes, list Event #	or	or pros		∐1 cs ✓ No		\$120.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 06/30/2023	Aggregate contributions \$170.00		
Last Name		First				M.I.
Chaney		Rol	bin			1
Residential Street Address	City	<u> </u>			State	Zip Code
33 Mechanic St, Unit 105	Windso	or			CT	06095-2948
Principal Occupation retired		Name retire	of Employer ed			
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	he/she			Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	or			☑No		\$100.00
11 yes, list Event # contract is with:		recutiv			4	
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord		Date Received 05/01/2023	Aggregate contributions \$300.00		
Last Name		First				M,I,
Crawford		Eric	>			
Residential Street Address	City Hartfor	٠٨			State CT	Zip Code 06120-1115
3521 Main St	nartior		CBI		()	00120-1113
Principal Occupation Education		Cred				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess a municipality does contribut municipality valued at more	or or business	he/she i			Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which branch branches of government the	or	or pros		∐ res ✓No		\$100.00
Method of contribution:	<u> </u>		Date Received	Aggregate contributions	{	
Cash Personal Check Ctedit/Debit Card Payroll Deduction	Money Ore	ler	06/30/2023	\$450.00	<u> </u>	

SUBTOTAL Section B - This Page	\$320.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Register	ed with Filing Repos	itory)	TYPE OF REPORT			
Coleman for Hartford			July 10 filing			
A. Total Contributions from Small Contributors - Rece	ived this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
B. It	emized Contribut	ions from Individuals				
Last Name		First				M.I.
Cooper		Gilbert				
Residential Street Address	City			State	Zip Code	l
965 Elm Commons Dr. Apt 201	Rocky I	Hill		CT	06067-1	814
Principal Occupation		Name of Employer				
dependent child of a lobbyist? municipality does		Indidate committee for a chief he/she is associated with have Yes		Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a princ If yes, indicate which branches of governments of governments.	ch branch or	or prospective state contracto	∐ res ✓ No			\$50.00
If yes, list Event # contract is with:	Ex	ecutiveLegis	lative			
Method of contribution: ☐ Cash	eduction Money Ord	Date Received 05/31/2023	Aggregate contributions \$170.00			ļ
Last Name		First				M.I.
Brown		Jeleta				
Residential Street Address	City			State	Zip Code	
4455 Old River St	Oceans	side		CA	92057-6	1004
Principal Occupation	***************************************	Name of Employer				
Retured		Retired				:
dependent child of a lobbyist? municipality does		ndidate committee for a chief he/she is associated with have		Amour	it of Cont	ribution
event reported in Section L1? If yes, indicate whi	-	or prospective state contractor	T res			\$100.00
If yes, list Event # VNO branches of government on tract is with:	ment the Ex	ecutive Legis	lative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll D	eduction Money Ord	Date Received 05/15/2023	Aggregate contributions \$100.00			
Last Name		First				M.I.
Cruz		Lillian				
Residential Street Address	City			State	Zip Code	<u></u>
5 Chelsea Ct	Middlet	own		CT	06457-7	7539
Principal Occupation		Name of Employer				
dependent child of a lobbyist? municipality does		ndidate committee for a chief he/she is associated with have Yes		Amour	nt of Cont	ribution
1 Tes	-	or prospective state contractor	or? Yes			\$300.00
event reported in Section L17 If yes, indicate whi			 ✓ No			ψουυ.υυ
If yes, list Event # branches of govern contract is with:	Ex	recutive Legis	lative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll D	eduction Money Ord	Date Received 05/02/2023	Aggregate contributions \$550.00			

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT			
Coleman for Hartford				July 10 filing		<u></u>	
A. Total Contributions from Small Contributors - Received this	Period C	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized (Contribut	ions f	rom Individuals				
Last Name		First	The state of the s				M.i.
Egbarin		Nite	or				
Residential Street Address	City				State	Zip Code	
28 Ely Pl	Simsbu	iry			CT	06070-1	1338
Principal Occupation			of Employer				
Attorney		Law	Office of Nitor V.	Egbarin, LLC			
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the second secon	r or business				Amoun	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 of the section L1?		or pros	pective state contractor	Y CS			\$250.00
If yes, list Event # No branches of government the contract is with:		ecutiv	eLegisla	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 04/12/2023	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
LeBeau		Gai	у				
Residential Street Address	City	<u> </u>			State	Zip Code	L
338 Foote Rd	South 0	Glasto	nbury		CT	06073-3	3312
Principal Occupation retired		Name retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the second	r or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a star of the section L1? If yes, indicate which branch of the section L1?		or pros	pective state contractor	r es			\$130.00
If yes, list Event # Vo branches of government the contract is with:	Ex	ecutiv	E Legisla	tive No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ter	Date Received 06/23/2023	Aggregate contributions \$800.00			
Last Name		First					M.I.
Polinsky		Eric	;				
Residential Street Address	City				State	Zip Code	<u> </u>
26 Southgate	Avon				CT	06001-3	3195
Principal Occupation Attorney		1	of Employer I sky Law Group, I	-LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the second	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a star of the section L1? If yes, indicate which branch of branches of government the contract is with:	OF	or pros		∐ Yes ✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	 Money Ord	ler	Date Received 06/21/2023	Aggregate contributions \$550.00			

SUBTOTAL Section B - This Page	\$430.00
TOTAL of Section B Pages	\$23,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$23,615.00

SEEC FORM 20	
Revised January 2015	

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Rep	ository)	TYPE O	F REPORT	
Coleman for Hartford			July 10	filing	
	D. Loans Receiv	ved this Period			
Name of Lender Eric Coleman		Source of Loan: Bank	Indivi	dual Other Committee	Date of Receipt 06/28/2023
Street Address PO Box 332	City Hartford		State CT	Zip Code 06141-0332	Is there a Cosigner or Guarantor of this loan? Yes ✓ No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	\$80,000.00

I. MONETARY RECEIPTS (Sections A-I	()	Page	72	of	102
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF RI	PORT			
Coleman for Hartford	July 10 filin	g			
Summary of Other Monetary Receipts (Sections D-K)					
Total Loans Received this Period (Section D)				\$8	0,000.00
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

\$80,000.00

SEEC FORM 20	
Revised January 2015	

H. EVENT ACTIVITY (Sections L1-L5)

Page	73	of	10
Б-	,		

Coleman for Hartf	ford			Ju	ly 10 filing		
		L1. Event Info	ormatio	n			
Event # Date of Event L 05/18/2023 a	etter	Description Meet and Greet Event					Was this a fundraising event? Yes No
Location: Street Addr 116 Beacon St	ress		City Hartfo	ord	State CT	1	P Code 6105-3908
Subpart 1: (All Was this event ho		mittees) at a personal residence?		Yes (<i>If yes</i> , go to Section I Contributions Associ	ated with a Hou or any purchases	ise Party	and complete
		ude goods or services donated by a \$200 or items donated by an individual	1634	Yes (<i>If yes</i> , go to Section I No Contributions and con			
		g sale, auction, or other sale of donated y an individual of up to \$100?		☐ Yes (<i>If yes</i> , enter Total Re ✓ No	eceipts here.)		
Subpart 2: (Pa	irty C	ommittees, Municipal Candidates and	d Politi	cal Committees other than	Exploratory C	ommitte	es)
Were there purch on a sign associat		f advertising space in a program book or th this fundraiser?		Yes (<i>If yes</i> , go to Section I No Program Book or on information.)			
^	ttee sel	ommittees ONLY) Il food or beverage at a fair or similar thin the state?		☑ ^{Yes} (<i>If yes</i> , enter Total Re ☑️No	eceipts here.)		

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

SEEC FORM 20
Revised January 2015

II. EVENT ACTIVITY (Sections L1-L5) Page 7

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NAME OF COMMITTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REP	ORT	
Coleman for Hartford			July 10 filing		
	L1. Event Inf	ormation			
Event # Date of Event Letter 05/21/2023 a	Description Meet and Greet Event			· · · · ·	Was this a fundraising event? ✓ Yes No
Location: Street Address 242 Trumbull St		City Hartford		State CT	Zip Code 06103-1213
Subpart 1: (All Com Was this event hosted a	at a personal residence?	Contributions .		House Par	not Considered ty and complete by host(s) for food,
	ude goods or services donated by a \$200 or items donated by an individual	12.2	ction L4 In-Kind and complete requ		
	ng sale, auction, or other sale of donated y an individual of up to \$100?	☐ Yes (If yes, enter To	otal Receipts here.	.)	
· · ·	ommittees, Municipal Candidates and f advertising space in a program book or the this fundraiser?	\square^{Yes} (<i>If yes</i> , go to Se	than Explorated the trian L3 Purchase or on a Sign and	es of Adver	tising Space in a
Subpart 3: (Town Co Did your committee se mass gathering held wi	ll food or beverage at a fair or similar	□Yes (<i>If yes</i> , enter To	otal Receipts here	.)	

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0,00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

SEEC FORM 20	
Revised January 2015	,

II. EVENT ACTIVITY (Sections L1-L5)

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age	15	UI	10

NAME OF COMMITTEE	(Provide Complete Name as Registered with 1	Filing Repository)	TYPE OF REPO	RT	
Coleman for Hartford			July 10 filing		
	L1. Event Inf	ormation			
Event # Date of Event Letter 05/25/2023 a	Description Meet and Greet Event				Was this a fundraising event? Yes No
Location: Street Address 187 Allyn St		City Hartford			Cip Code 06103-1403
Subpart 1: (All Com Was this event hosted a		Yes (If yes, go to Section Contributions As No required information beverage and invited in the section of the	sociated with a lon for any purch	House Part	y and complete
	ude goods or services donated by a \$200 or items donated by an individual	Yes (If yes, go to Section No. Contributions an			
	ag sale, auction, or other sale of donated y an individual of up to \$100?	☐ Yes (<i>If yes</i> , enter Tota	I Receipts here.))	
	Committees, Municipal Candidates and of advertising space in a program book or the this fundraiser?	d Political Committees other to Yes (If yes, go to Section Program Book of information.)	ion L3 Purchase:	s of Advert	ising Space in a
Subpart 3: (Town C Did your committee se mass gathering held wi	ll food or beverage at a fair or similar	□ ^{Yes} (<i>If yes,</i> enter Tota	al Receipts here.))	

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

SEEC FORM 20
Revised January 2015

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

II. EVENT ACTIVITY (Sections L1-L5)

Page

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Revised January 2015							
NAME OF COMMITTEE	(Provide Complete Name as Registered with 1	Filing Repository)	TYPE OF REPO	DRT			
Coleman for Hartford			July 10 filing				
	L1. Event Info	ormation					
Event # Date of Event Letter 05/26/2023 a	Description Meet and Greet Event				Was this a fundraising event? Yes No		
Location: Street Address 702 Highland Ave		City Waterbury		State CT	Zip Code 06708-6104		
Subpart 1: (All Con Was this event hosted	nmittees) at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)					
	lude goods or services donated by a o \$200 or items donated by an individual	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered ☑ No Contributions and complete required information.)					
	ag sale, auction, or other sale of donated by an individual of up to \$100?	□Yes (<i>If yes</i> , enter Total ✓No	Receipts here.				
<u> </u>	Committees, Municipal Candidates and of advertising space in a program book or ith this fundraiser?	d Political Committees other the Yes (If yes, go to Section No Program Book or information.)	on L3 Purchase	s of Adve	rtising Space in a		
Subpart 3: (Town C	Committees ONLY)	Yes (If yes, enter Total	Receipts here.)			

✓ No

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

SEEC	FORM	20
Reviser	1 January	2015

IL EVENT ACTIVITY (Sections L1-L5)

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NAME OF COMMITTEE	(Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REP	ORT			
Coleman for Hartford July 10 filing							
	L1. Event Info	ormation					
Event # Date of Event Letter 06/24/2023 a	Description BBQ Event				Was this a fundraising event? Yes No		
Location: Street Address 265 Windsor Ave		City Windsor		State CT	Zip Code 06095-4545		
Was this event hosted at a personal residence? No Did this fundraiser include goods or services denoted 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?	g sale, auction, or other sale of donated		s and complete requ		nation.)		
items with purchases by	☐ Yes (<i>If yes</i> , enter T	Total Receipts here	:.)				
	ommittees, Municipal Candidates and fadvertising space in a program book or h this fundraiser?	\Box^{Yes} (<i>If yes</i> , go to S	-	ses of Adve	rtising Space in a		
Subpart 3: (Town Co Did your committee sel mass gathering held with	l food or beverage at a fair or similar	□Yes (<i>If yes</i> , enter ?	Fotal Receipts here	:.)			

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

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	s Paid by Commi	ttee			
Name of Payee Amazon			× = -	Date of Payment 04/17/2023	Method of Check	#
Street Address 440 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Event # Office supplies				Amount	
Bxpenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in Value of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the cont	re) Independent	ndent	ked)		\$20.71
Name of Payee Amazon				Date of Payment 04/25/2023	Method of Check	#
Street Address 440 Terry Ave N		City Seattle			State VVA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office supplies		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) Indeper	ndent	ked)		\$9.56
Name of Payee Amazon				Date of Payment 05/08/2023	Method of Check ✓ Debit	#
Street Address 440 Terry Ave N		City Seattle	***************************************	,	State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	cked)		\$18.07
Name of Payee Amazon				Date of Payment 05/20/2023	Method of Check	#CardEFT
Street Address 440 Terry Ave N		City Seattle			State WA	Zip Code 98109-5210
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind control of the contro	r committee) re) Indepe	ndent	cked)		\$221.90

SUBTOTAL Section P - This Page	\$270,24
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	es Paid by Commi	ttee			
Name of Payce				Date of Payment	Method of	
Anedot				06/30/2023	Check # Debit Card ✓ EFT	
Street Address		City		1	State	Zip Code
	4770	New Orleans			LA	70112-5204
1340 Poydras St, Ste Purpose of Expenditure	Description		Even	nt #		1
(by code) BNK	Online donation processing		J. VOI			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.		" is che	cked)		\$534.30
1 ig applicable)	None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)	Indena	ndent			
	Coordinated without reimbursement sought (in-kind cont	Organi	zation:	$\square A \square B \square C \square D$	[
Name of Payee		. ,		Date of Payment	Method of	
Mark Anigbo				06/05/2023	✓ Check	#
					Debit	Card EFT
Street Address		City		<u> </u>	State	Zip Code
204 Collins St		Hartford			СТ	06105-1561
Purpose of Expenditure	Description		Even	ıt#		Amount
(by code) REF						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u		" is che	cked)	1	\$500.00
(if applicable)	None of the below (does not involve another candidate of	Indene	ndent			
	Coordinated with reimbursement sought (joint expenditused) Coordinated without reimbursement sought (in-kind continued)	Corgani	ization:	□A □B □C □D		
Name of Payee	L. Josephines armon femonscincte sought (m-kind com	iloutivity		Date of Payment	Method of	f Pavment
Bank of America				04/03/2023	Check	
				0 1100.2020	Debit	Card 🗹 EFT
Street Address		City		<u> </u>	State	Zip Code
100 N Tryon St		Charlotte			NC	28202-2135
Purpose of Expenditure	Description		Even	at#		Amount
(ph code) BNK	Bank fee		<u>L</u>			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u		" is che	cked)]	\$3.00
(if applicable)	None of the below (does not involve another candidate or	Indene	ndent			
	Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont		ization:	□A □B □C □D		
Name of Payee	Land Coordinated without remion sement sought (III-Killa cont		···	Date of Payment	Method of	f Payment
Bank of America				05/01/2023	Check	
				00/01/2020	Debit	Card 🗸 EFT
Street Address		City		<u> </u>	State	Zip Code
100 N Tryon St		Charlotte			NC	28202-2135
Purpose of Expenditure	re Description Bvent#					Amount
(ph coge) BNK	Bank fees					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u		is che	cked)	1	\$3.00
(if applicable) None of the below (does not involve another candidate or committee) Independent						
Coordinated with reimbursement sought (joint expenditure)						
L	Coordinated without reimbursement sought (in-kind cont	ribution) — 342				

SUBTOTAL Section P - This Page	\$1,040.30
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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\$30,715.18

of

NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford		<u>elge effektetett ett et for formere trek me</u>		July 10 filing	· · · · · · · · · · · · · · · · · · ·	e Colonia de la Colonia de La Colonia Republica Republica de la Colonia Republica Re
	P. Expense	es Paid by Comm	nittee			
Name of Payee				Date of Payment	Method of	
Bank of America			06/01/2023	Check # Debit Card ✓ EFT		
Street Address		City Charlotte			State NC	Zip Code 28202-2135
100 N Tryon St	,	Charlotte			INC	26202-2133
Purpose of Expenditure (by code) BNK	Description Check printing		Ever	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Inde	pendent mization:	cked)		\$29.02
Name of Payee Bank of America				Date of Payment 06/01/2023	Method of Check	#
Street Address 100 N Tryon St		^{City} Charlotte			State NC	Zip Code 28202-2135
Purpose of Expenditure (by code) BNK	Description Bank fee		Ever	tt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at Value of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind cont	re)	ow" is che pendent anization:	cked)		\$3,00
Name of Payee				Date of Payment	Method of	
Barile Printers				05/19/2023	Check	
Street Address PO Box 2628		^{City} New Britain			State CT	Zip Code 06050-2628
Purpose of Expenditure (by code) PRNT	Description Letterhead		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continuous).	committee) Inde	pendent	, , , , , , , , , , , , , , , , , , ,	- Andread and a second a second and a second and a second and a second and a second a second and	\$58.49
Name of Payee				Date of Payment	Method of	Payment
Debra Boyd				06/02/2023	Check	
Street Address 110 Granby St		City Hartford			State CT	Zip Code 06112-1717
Purpose of Expenditure (by code) CNSLT	Description Consulting		Ever	at#	<u> </u>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Inde	yw" is che pendent nnization:			\$102.00
			SUB	TOTAL Section P - This	Page	\$192.51
				TOTAL of Section P P	ages	\$30,715.18

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTEE	Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	s Paid by Commi	ttee			
Name of Payee Debra Boyd				Date of Payment 06/08/2023	Method of Check Debit (#
Street Address 110 Granby St		City Hartford		<u> </u>	State CT	Zip Code 06112-1717
Purpose of Expenditure (by code) CNSLT	Description Consulting services	<u> </u>	Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in 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	ndent	ked)		\$102.00
Name of Payee Debra Boyd				Date of Payment 06/13/2023	Method of ☐ Check ✓ Debit	#
Street Address 110 Granby St		City Hartford			State CT	Zip Code 06112-1717
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continuous).	re) Independent	ndent	:ked)		\$102.00
Name of Payee Debra Boyd				Date of Payment 06/21/2023	Method of ✓ Check Debit	#
Street Address 110 Granby St		City Hartford			State CT	Zip Code 06112-1717
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required II None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous)	re) Independent	ndent	cked)		\$102.00
Name of Payee Debra Boyd		·		Date of Payment 06/26/2023	Method of Check	# 1104
Street Address		City Hartford			State CT	Zip Code 06112-1717
110 Granby St Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to Value 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	cked)		\$102.00

SUBTOTAL Section P - This Page	\$408.00
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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of :

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NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee				Date of Payment	Method of	Payment
Marcus Brown				04/01/2023	✓ Check	
				04/01/2020	Debit (Card EFT
Street Address	······································	City		II	State	Zip Code
183 Barbour St		Hartford			CT	06120-1807
Purpose of Expenditure	Description		Even	+ #		<u> </u>
(ph code) ONHD	Rent		Bren	• "		Amount
E	T	alon Whom of the Labore	(1	J D		£4.400.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required w None of the below (does not involve another candidate or		is chec	жеа)		\$1,100.00
	Coordinated with reimbursement sought (joint expenditur	Indepen	ident			
	Coordinated without reimbursement sought (in-kind control	Organia	zation:	□A □B □C □D		
Name of Payee				Date of Payment	Method of	Dormont
Marcus Brown				i i	Check	
				05/01/2023	Debit (
Street Address		City		<u> </u>	State	Zip Code
		Hartford			СТ	06120-1807
183 Barbour St			F	a H		
Purpose of Expenditure (by code) OVHD	Description Rent		Even	1 #		Amount
VVIID			L			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	•	' is chec	cked)		\$1,100.00
і ін аррасиоле)	None of the below (does not involve another candidate or	Indeper	ndent			
	Coordinated with reimbursement sought (joint expenditur	Croania	zation:	Па Пв Пс Пр		
	Coordinated without reimbursement sought (in-kind cont	ribution) 🗀 - B				
Name of Payee Marcus Brown				Date of Payment	Method of ✓ Check	
Marcus Diowii				06/01/2023	Debit	
		Cit.				
Street Address		City Hartford			State CT	Zip Code 06120-1807
183 Barbour St					<u> </u>	00.20 100.
Purpose of Expenditure (by code) OVHD	Description		Even	t #		Amount
(a) com/OV(ID	Rent					
Expenditure #	Type of Expenditure (Ilemization in Addendum P Required to		is che	cked)		\$1,100.00
(if applicable)	✓ None of the below (does not involve another candidate or	Indeper	dent			
	Coordinated with reimbursement sought (joint expenditur	re)		Па Пв Пс Пр		
	Coordinated without reimbursement sought (in-kind cont	ribution)				
Name of Payee				Date of Payment	Method of Check	
Comcast				05/08/2023	Debit	
G		a:			<u> </u>	
Street Address		City Philadelphia			State PA	Zip Code 19176-0219
PO Box 70219		, maaoipma				10170 0270
Purpose of Expenditure (by code) OVHD	Description		Even	t#		Amount
(p) come) OVAD	Internet					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	•	' is chec	cked)		\$171.17
(if applicable)	None of the below (does not involve another candidate or	[T. J	ndent			
	Coordinated with reimbursement sought (joint expenditur	(e)		Па Пв Пс Пр		
	Coordinated without reimbursement sought (in-kind conti	ribution) Libraria	catton.		<u></u>	
SUBTOTAL Section P - This Page \$3,471.17						
				TOTAL of Section P Pa	iges	\$30,715.18
TOTAL OF A	ALL EXPENSES PAID BY COMMITTEE (Enter I	total on Line 19. Co	olumr			\$30,715.18

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford			_	July 10 filing		
	P. Expense	es Paid by Commi	ttee			
Name of Payee Constant Contact				Date of Payment 05/24/2023	Method of Check	:#
Street Address 1601 Trapelo Rd		City Waltham	,,,,,		State MA	Zip Code 02451-7333
Purpose of Expenditure (by code) MISC	Description Email marketing		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	cked)		\$153.18
Name of Payee Maman Cooper				Date of Payment 04/18/2023	Method o. Check	
Street Address 873 West Blvd		City Hartford			State CT	Zip Code 06105-4153
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuated without reimbursement sought)	r committee) Indepe	ndent	Cked) □A □B □C □D		\$300,00
Name of Payee Nitor Egbarin	<u> </u>			Date of Payment 04/20/2023	Method o	
Street Address 28 Ely Pl		City Simsbury		I	State CT	Zip Code 06070-1338
Purpose of Expenditure (by code) REF	Description Refund extra contribution	l	Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	r committee) Indope	ndent	cked)		\$250.00
Name of Payee Eversource				Date of Payment 05/20/2023	Method o Check	
Street Address		City Hartford			State CT	Zip Code 06103
Purpose of Expenditure (by code) OVHD	Description Electric service		Even	ıt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under State of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditute Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sough	r committee) Indepe	ndent	Cked)		\$221.90

SUBTOTAL Section P - This Page	\$925.08
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT			
Coleman for Hartford		<u></u>		July 10 filing			
	P. Expense	s Paid by Commit	tee				
Name of Payee Google		<u> </u>		Date of Payment 05/01/2023	Check	Method of Payment Check # □ Debit Card	
Street Address 1600 Amphitheatre F	Pkwv	City Mountain View			State CA	Zip Code 94043-1351	
Purpose of Expenditure (by code) MISC	Description Data services		Event	ı#		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)		\$92.10	
Name of Payee Google				Date of Payment 06/01/2023	Method of Check	#	
Street Address		^{City} Mountain View			State CA	Zip Code 94043-1351	
1600 Amphitheatre F Purpose of Expenditure	Pkwy Description	Wooditalli View	Even	• #	0,1	0-10-10 1001	
(by code) MISC	Data services					Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$121.76		
Name of Payee Dwight Hall			ļ	Date of Payment 06/22/2023	Method of Check	#	
Street Address 265 Windsor Ave		City W indsor			State CT	Zip Code 06095-4545	
Purpose of Expenditure (by code) FNDR	Description Costs of fundraiser		Even 062	ι# 423a		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	committee) Indeper	ndent	cked)		\$500.00	
Name of Payee INGroup Creative				Date of Payment 04/14/2023	Method of Check	#	
Street Address 41 Crossroads Plz. #	‡ 280	City West Hartford			State CT	Zip Code 06117-2402	
Purpose of Expenditure (by code) CNSLT	Description March		Even	1#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	committee) Independent	ndent	ked)		\$3,826.60	

SUBTOTAL Section P - This Page	\$4,540.46
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

Revised January 2015	IV. EAF ENDII	TURES (Section	ST-L) rag	ge 85	01 102
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford			7. 's two' - I	July 10 filing		
[P. Expense	es Paid by Comm	ittee	-		
Name of Payee INGroup Creative				Date of Payment	Method of Payment Check #	
1				05/14/2023	Debit	Card 🗸 EFT
Street Address		City West Hartford			State CT	Zip Code 06117-2402
41 Crossroads Plz, #		VVOSCHARIOIG	1		"	00117-2402
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Even	at #		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 of the contro	r committee) Indep		ABCD		\$3,826.60
Name of Payee INGroup Creative				Date of Payment 06/08/2023	Method of Check	.#
Street Address 41 Crossroads Plz, #	[‡] 280	City West Hartford			State CT	Zip Code 06117-2402
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Ever	nt #		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 continue)	r committee) Indep				\$1,914.30
Name of Payee INGroup Creative				Date of Payment 06/30/2023	Method of Check	:#
Street Address 41 Crossroads Plz, #	‡ 280	City West Hartford			State CT	Zip Code 06117-2402
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Ever	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use 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)				\$1,595.25
Name of Payee Johnny Johnson				Date of Payment 05/18/2023		f Payment # 262.00 Card EFT
Street Address		City Hartford			State CT	Zip Code 06120-1819
113 Martin St Purpose of Expenditure	Description		Eyer	nt #		
(by code) CNSLT	Consulting services		2,61	A4 11		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 control of the cont	r committee) re) Indep				\$262.00
			SUB	TOTAL Section P - This	Page	\$7,598.15

Table 1	
SUBTOTAL Section P - This Page	\$7,598.15
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTEE	. (Provide Complete Name as Registered with Filing .	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee Johnny Johnson	-			Date of Payment 05/25/2023	Method of Payment ✓ Check # Debit Card EFT	
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting services	·				<i>I</i> Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$102.00
Name of Payee Johnny Johnson				Date of Payment 06/02/2023	Method of Check Debit	# 1071 CardEFT
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting		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	committee) Indeper	ident	ked)		\$102.00
Name of Payee Johnny Johnson				Date of Payment 06/08/2023	Method of Check	#
Street Address 113 Martin St		City Hartford			State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contro	committee) Indeper	ndent	ked)		\$102.00
Name of Payer Johnny Johnson				Date of Payment 06/13/2023	Method of Check	
Street Address 113 Martin St		City Hartford		•	State CT	Zip Code 06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Event			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	ked)		\$102.00

SUBTOTAL Section P - This Page	\$408.00
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTEE	L (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford		<u> </u>		July 10 filing	-1	
	P. Expense	es Paid by Commi	tee			
Name of Payee				Date of Payment	Method of Check	
Johnny Johnson				06/21/2023	Debit	
Street Address		City			State	Zip Code
113 Martin St		Hartford			СТ	06120-1819
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	t #		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 expenditur Coordinated without reimbursement sought (in-kind cont	committee) Indeper	ndent	cked)		\$102.00
Name of Payce Johnny Johnson				Date of Payment 06/26/2023	Method of Check	# <u>1103</u>
Street Address		City Hartford	***************************************		State CT	Zip Code 06120-1819
113 Martin St		панион			01	00120-1019
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	£#	j	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 continuous)	re) Indepe	ndent	cked)		\$102,00
Name of Payee La Tavola				Date of Payment 05/26/2023	Method of Check	#
Street Address		City		<u> </u>	State	Zip Code
702 Highland Ave		Waterbury			CT	06708-6104
Purpose of Expenditure (by code) FNDR	Description Event	·	Even 052	t# 623a		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	re) Indepe	ndent	cked)		\$109.79
Name of Payee Let's Vote Inc.				Date of Payment 05/22/2023	Method of Check	# 1089
Street Address		City Hartford			State CT	Zip Code 06105-1403
88 Ashley St		Tiartoru	1 5	. !!		0010011400
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Even	ι #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	Cked)		\$374.00

SUBTOTAL Section P - This Page	\$687.79
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

Page

TOTAL of Section P Pages

\$30,715.18

\$30,715.18

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford			.,	July 10 filing		
	P. Expens	es Paid by Commi	ttee			
Name of Payee Let's Vote Inc.				Date of Payment 05/29/2023	Method of Check	#
Street Address		City Hartford	·	<u> </u>	State CT	Zip Code 06105-1403
88 Ashley St Purpose of Expenditure	Description		Free	L #		
(by code) CNSLT	Consulting services		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure **(Itemization in Addendum P Required user	r committee) Indepen	ndent	cked)		\$102.00
Name of Payee Let's Vote Inc.				Date of Payment 06/02/2023	Method of ✓ Check ☐ Debit 0	# <u>1074</u>
Street Address 88 Ashley St		City Hartford		degrace of the second s	State CT	Zip Code 06105-1403
Purpose of Expenditure	Description	l	Even	t #		A
(by code) CNSLT	Consulting					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) Independent	ndent	ABCD		\$102.00
Name of Payee Let's Vote Inc.				Date of Payment 06/08/2023	Method of Check	#
Street Address 88 Ashley St		City Hartford			State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) CNSLT	Description Consulting services	<u> </u>	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 expenditused Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement reimbursement reimbursement reimbursement reimbursement reimburseme	re) Indepen	ndent	cked)	:	\$102.00
Name of Payee Let's Vote Inc.				Date of Payment 06/13/2023	Method of ☐ Check ✓ Debit (#
Street Address		City			State	Zip Code .
88 Ashley St		Hartford			CT	06105-1403
Purpose of Expenditure (by code) CNSLT	Description . Consulting svcs		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uson to the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the control	re) Independent	ndent	.ked) □A □B □C □D	Try to the second secon	\$102.00
						0.120.22
			SUBT	FOTAL Section P - This I	rage	\$408.00

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTE	BE (Provide Complete Name as Registered with Filing	rRenositoru)		TYPE OF REPORT		
Coleman for Hartford		, перовногу)		July 10 filing		
		es Paid by Commi	ittee			
Name of Payee Let's Vote Inc.		•		Date of Payment 06/21/2023	Method o	
Street Address 88 Ashley St		City Hartford	\		State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		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 expenditute Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sought)	r committee) Indepe	endent _	d) ABCD		\$102.00
Name of Payee Let's Vote Inc.				Date of Payment 06/26/2023		f Payment k # 1105 Card EFT
Street Address 88 Ashley St		City Hartford	······································		State CT	Zip Code 06105-1403
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to view of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind control of the contro	or committee) Indepe	endent	d)]л []в []с []d		\$102.00
Name of Payee Lillard Lewis				Date of Payment 04/24/2023	Method o	
Street Address 235 E River Dr. Apt	1402	City East Hartford			State CT	Zip Code 06108-5023
Purpose of Expenditure (by code) OFFICE	Description Office supplies - reimb	•	Event#	·		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to view of the below (does not involve another candidate on Coordinated with reimbursement sought (joint expenditudordinated without reimbursement sought (in-kind control con	or committee) Indepe	endent	_d]a		\$133.97
Name of Payce Lillard Lewis				Date of Payment 04/24/2023	Method o	
Street Address 235 E River Dr., Apt	1402	City East Hartford			State CT	Zip Code 06108-5023
Purpose of Expenditure (by code) EFV	Description Reimbursement for Walmart equipment purc	hase	Event #			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 expenditute Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sought (i	or committee) Indepe		_a _b _c _d		\$420.08
			SUBTO	OTAL Section P - This	Page	\$758.05

SUBTOTAL Section P - This Page	\$758.05
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTEE	3 (Provide Complete Name as Registered with Filing	Repository)			TYPE OF REPORT		
Coleman for Hartford					July 10 filing		
	P. Expense	es Paid by C	'ommit	tee			
Name of Payee Peter Little					Date of Payment 04/03/2023	Method of Check	#
Street Address		City Bloomfield	d		<u></u>	State CT	Zip Code 06002-2111
42 Kenmore Rd Purpose of Expenditure	Description	<u> </u>		Even	t #	 	
(by code) OFFICE	Reimb for Staples office supplies						Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$83.99	
Name of Payec Peter Little					Date of Payment 04/23/2023	Method of Check Debit	# 1082
Street Address		City Bloomfield			3	State CT	Zip Code 06002-2111
42 Kenmore Rd	Desiring			D	. H]
Purpose of Expenditure (by code) POST	Description Postage			Even	T #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re)	he below" Independ Organiz	dent	cked)		\$9.65
Name of Payee Peter Little					Date of Payment 05/10/2023	Method of Check Debit	# 1086
Street Address 42 Kenmore Rd		City Bloomfield	1			State CT	Zip Code 06002-2111
Purpose of Expenditure (by code)	Description Reimbursement for postage and office supplie	es		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind conti	re)	he below" Independence Organiz	dent	cked)		\$278.58
Name of Payee Mikeya Long					Date of Payment 05/18/2023	Method of Check	# <u>1091</u>
Street Address 150 Nelson St, Apt 5		City Hartford				State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting services			Even	1#		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 contract)	r committee)	he below" Indepen	dent	Cked)		\$238.00

SUBTOTAL Section P - This Page	\$610.22
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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		Repository)	nananin'i	TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee Mikeya Long				Date of Payment 05/29/2023	Method of Check Debit	#
Street Address 150 Nelson St, Apt 5		City Hartford			State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ndent	ked)		\$102.00
Name of Payee Mikeya Long				Date of Payment 06/02/2023	Method of Check	# 1072
Street Address 150 Nelson St, Apt 5		City Hartford			State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ndent	□A □B □C □D		\$102.00
Name of Payee Mikeya Long		,		Date of Payment 06/08/2023	Method of Check	#
Street Address 150 Nelson St, Apt 5		City Hartford			State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting services		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	e) Indeper	ndent	cked)		\$102.00
Name of Payee Mikeya Long				Date of Payment 06/13/2023	Method of ☐ Check ✓ Debit	#
Street Address 150 Nelson St, Apt 5		City Hartford			State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ndent	cked)		\$102.00

SUBTOTAL Section P - This Page	\$408.00
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	es Paid by Commi	ttee			
Name of Payee Mikeya Long				Date of Payment 06/21/2023	Method of Check	#
Street Address 150 Nelson St, Apt 5		City Hartford		Transcription of the second of	State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	t #		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 expenditus Coordinated without reimbursement sought (in-kind cont	re) Independent	ndent	ked)		\$102.00
Name of Payee Mikeya Long				Date of Payment 06/26/2023	Method of Check	# 1106
Street Address 150 Nelson St, Apt 5		City Hartford			State CT	Zip Code 06120-2034
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs.	<u> </u>	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 expenditure) Coordinated without reimbursement sought (in-kind continuous)	r committee) Indepe	ndent	cked)		\$102.00
Name of Payee NGP Van		· · · · · · · · · · · · · · · · · · ·		Date of Payment 05/02/2023	Method of Check	#
Street Address 655 15th St NW, Ste	650	City Washington			State DC	Zip Code 20005-5738
Purpose of Expenditure (by code) MISC	Description Data services	laure .	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	r committee) Indepe	ndent	Cked)		\$323.20
Name of Payee NGP Van				Date of Payment 06/01/2023	Method o Check	
Street Address 655 15th St NW, Ste	650	City Washington			State DC	Zip Code 20005-5738
Purpose of Expenditure (by code) MISC	Description Data services		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditung Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sought (r committee) re) Indepe	ndent	Cked)		\$323.20

SUBTOTAL Section P - This Page	\$850.40
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	es Paid by Comn	ittee			
Name of Payee Pudlin & Pudlin LLC				Date of Payment 06/29/2023	Method of Check	# 1108
Street Address 407 Monroe St		City New Britain			State CT	Zip Code 06052-1647
Purpose of Expenditure	Description		Ever	nt#		Amount
(by code) CNSLT	Consulting svcs					Amount
Expenditure # (if applicable)	<u></u>					\$3,333.33
Name of Payee Pudlin & Pudlin LLC				Date of Payment 06/30/2023	Method of Check	# <u>1109</u>
Street Address 407 Monroe St		City New Britain			State CT	Zip Code 06052-1647
Purpose of Expenditure (by code) PRNT					Amount	
Expenditure # (Itemization in Addendum P Required unless "None of the below" is checked) Variable Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Variable Independent Independent Coordinated with reimbursement sought (joint expenditure) Organization: A B C D				The Administration of the Control of	\$2,314.00	
Name of Payee Jacob Pudlin				Date of Payment 04/25/2023	Method of Check	# <u>1083</u>
Street Address 407 Monroe St		City New Britain			State CT	Zip Code 06052-1647
Purpose of Expenditure (by code) OFFICE	Description Reimb for telcom and office expenses		Ever	nt#		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 control	committee) Indep	v" is che endent nization:			\$211.45
Name of Payee Scale To Win				Date of Payment 05/31/2023	Method of Check	#
Street Address		City Santa Ana			State CA	Zip Code 92703-1419
13742 Harper St		ouria ma	1 =			02700-1410
Purpose of Expenditure (by code) MISC	Description Data services		Even	at#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indep		cked)		\$464.65
				Minimum		

SUBTOTAL Section P - This Page	\$6,323.43
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTED	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing	•	
	P. Expense	s Paid by Commit	tee			
Name of Pavee Scale To Win				Date of Payment 06/30/2023	Method of Payment Check # Debit Card FFT	
Street Address 13742 Harper St		^{City} Santa Ana			State CA	Zip Code 92703-1419
Purpose of Expenditure (by code) MISC	Description Comms services	L.	Event	t#		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)		\$165.92
Name of Payee Sign Design & Banne	er LLC			Date of Payment 06/26/2023	Method of ✓ Check ☐ Debit (# 1101
Street Address		City Hartford			State CT	Zip Code 06103-1034
1325 Main St Purpose of Expenditure (by code) PRNT	Description Materials	- Marina and a second a second and a second	Even	t#		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 expenditus Coordinated without reimbursement sought (in-kind cont	committee) Independent	ndent	cked)		\$280.00
Name of Pavee Staples				Date of Payment 04/17/2023	Method of Check ✓ Debit (#
Street Address 2550 Albany Ave		City West Hartford			State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continue).	committee) Indepen	ndent	cked)		\$20.77
Name of Payee Staples				Date of Payment 06/09/2023	Method of Check Debit 0	#
Street Address 2550 Albany Ave		^{City} West Hartford			State CT	Zip Code 06117-2335
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Even			Amount
Expenditure # (if applicable)	Type of Expenditure **Itemization in Addendum P Required us.** None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind continuous).	re) Independent	ndent	ABCD		\$23.91

SUBTOTAL Section P This Page	\$490.60
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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NAME OF COMMITTEI	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	s Paid by Commi	tee			
Name of Payee Taylor Rental				Date of Payment 05/11/2023	Method of Check ✓ Debit ©	#
Street Address 274 Broad St		City Manchester			State CT	Zip Code 06040-4034
Purpose of Expenditure (by code) EFV	Description Equipment rental		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in 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) □A □B □C □D		\$108.95
Name of Payee Taylor Rental				Date of Payment 06/08/2023	Method of Check	#
Street Address 274 Broad St		City Manchester			State CT	Zip Code 06040-4034
Purpose of Expenditure (by code) EFV	Description Equipment rental		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in 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	cked)		\$169.30
Name of Payee The Russell				Date of Payment 05/25/2023	Method of Check ✓ Debit ©	#
Street Address 187 Allyn St		City Hartford			State CT	Zip Code 06103-1403
Purpose of Expenditure (by code) FNDR	Description		Event 052	t# 523a		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind conti	committee) Indeper	ndent	cked)		\$345.00
Name of Payce Laresa Thompson				Date of Payment 06/21/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svc		Event	1#		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 contract)	committee) Indeper	ndent	ked)		\$102.00

SUBTOTAL Section P - This Page	\$725.25
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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IV. EXPENDITURES (Sections P-T)

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\$30,715.18

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expens	es Paid by Commi	ttee			
Name of Payce Laresa Thompson				Date of Payment 06/26/2023		f Payment # 1107 Card EFT
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs		Even	ıt #		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 expenditute Coordinated without reimbursement sought (in-kind control of the control	r committee)	rdent	Cked)		\$102.00
Name of Payee Tracfone			<u> </u>	Date of Payment 04/23/2023	Method o Check	
Street Address		City Miami			State FL	Zip Code
Purpose of Expenditure (by code) MISC	Description Telcom		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus). Coordinated without reimbursement sought (in-kind continued).	r committee) Indeper	ndent	cked)		\$26.31
Name of Payee Tracfone				Date of Payment 06/22/2023	Method o	
Street Address		City Miami			State FL	Zip Code
Purpose of Expenditure (by code) MISC	Description Phone sycs		Even	ı: #		Amount
Expenditure # (if applicable)	Type of Expenditure (Ilemization in Addendum P Required in 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) Indeper	ndent	cked)		\$26.29
Name of Payec United States Postal	Service			Date of Payment 04/14/2023	Method o Checl	·
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage	,	Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indeper	ndent	cked)		\$1.98
			SUB)	FOTAL Section P - This I	Page	\$156.58
				TOTAL of Section P P	ages	\$30,715.18

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing)	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee United States Postal	Service			Date of Payment 04/18/2023	Method of Check ✓ Debit (#
Street Address		City Hartford		,,,,,	State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		Event			Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D						\$25.20
Name of Payee United States Postal	Service			Date of Payment 05/05/2023	Method of Check	#
Street Address		^{City} Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	r committee) [Independent committee]	ndent	ked)		\$12.60
Name of Payee United States Postal	Service			Date of Payment 06/03/2023	Method of Check ☑ Debit	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		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	r committee) Indepen	ndent	ked)		\$63.00
Name of Payce United States Postal	Service			Date of Payment 06/09/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		Event	1#		Amount
Exponditure # (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 expenditus Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	ked)		\$25.20

SUBTOTAL Section P - This Page	\$126.00
TOTAL of Section P Pages \$30	0,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$30	0,715.18

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	s Paid by Commit	tee			
Name of Payee United States Postal	United States Postal Service 06/13/2023			Method of Payment Check # Debit Card EFT		
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description		Event	t#		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 expenditur Coordinated without reimbursement sought (in-kind contract)	e) Indepen	dent	ked)		\$16.65
Name of Payee United States Postal	Service			Date of Payment 06/14/2023	Method of Check ✓ Debit	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) MISC	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	cked)	-	\$1.75
Name of Payee United States Postal	Service			Date of Payment 06/21/2023	Method of Check ✓ Debit	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage	244 244 244 244 244 244 244 244 244 244	Even	t#		Amount
Expenditure # (tf applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	cked)		\$18.40
Name of Payec United States Postal	Service			Date of Payment 06/22/2023	Method of Check	#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Postage		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required it None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$30.50

SUBTOTAL Section P - This Page	\$67.30
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

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Revised January 2	2015

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Zēr£-Parentik (kulturi et et et et et e	**************************************	TYPE OF REPORT		
Coleman for Hartford				July 10 filing		
	P. Expense	es Paid by Commit	tee			
Name of Payee United States Posta	Service			Date of Payment 06/27/2023	Method of Check ✓ Debit (#
Street Address		City Hartford			State CT	Zip Code
Purpose of Expenditure (by code) POST	Description Event #				Amount	
Expenditure # (if applicable)						\$9.65
Name of Payce Jeffrey Williams				Date of Payment 06/14/2023	Method of Check ✓ Debit (#
Street Address 11 Daro Dr		City Enfield			State CT	Zip Code 06082-5667
Purpose of Expenditure (by code) CNSLT	Description Photo boards	, and a second	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 expenditus Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	dent	ed) ABCD		\$240.00

SUBTOTAL Section P - This Page	\$249.65
TOTAL of Section P Pages	\$30,715.18
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$30,715.18

SEEC	FORM	20
Revised	l January	2015

Page	100	of	102

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Coleman for Hartford	for Hartford July 10 filing								
T. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Const	ıltant	First	14.00		MI	Date of Payn 06/30/2		ent to Vendor, Person or Entity 023	
Name of Vendor, Person or Allegra Printing	Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Allegra Printing Payment to Reimburse as reported in Section P						·:	Worker/Consultant	
Street Address 30 Nutmeg Dr		City Trumbull					State CT	Zip Code 06611-5453	
Purpose of Expenditure (by code) PRNT	Description Printed materials			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addence None of the below (does not involve and Coordinated with reimbursement sought Coordinated without reimbursement sou	other candidate or (joint expenditur	committee) Indepen		□в	_c _b		\$1,701.60	
Last Name of Worker/Const Pudlin							dor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Back Market Payment to Reimburse as reported in Section F Check # 1083						Committee Worker/Consultant P: Debit Card EFT			
Street Address 100 Bogart St	S City Brooklyn					State NY	Zip Code 11206-3510		
Purpose of Expenditure (by code) EFV	Description Telcom equipment			Event #		- 1····	Amount		
Expenditure # Type of Expenditure Itemization in Addendum T Required unless "None of the below" is checked							\$195.51		
Last Name of Worker/Const	t Name of Worker/Consultant First MI Date of Payr 06/30/2							dor, Person or Entity	
Name of Vendor, Person or Pudlin & Pudlin LLC	Entity Paid by Committee Worker/Consultant	as reported in Section P:							
Street Address 407 Monroe St			City New Britain				State CT	Zip Code 06052-1647	
Purpose of Expenditure (by code) CNSLT	Description Consulting svcs			Event #				Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D						\$612.40			

\$2,509.51	SUBTOTAL Section T - This Page
\$3,367.73	TOTAL of Section T Pages
\$3,367.73	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT										
Coleman for Hartford	rd July 10 filing					<u>.</u>				
T. Itemization of Reimbursements to Committee Workers and Consultants										
Last Name of Worker/Consu Lewis	ltant	First Lillard			Mi	Date of Payn 04/22/2		nt to Vendor, Person or Entity 123		
Name of Vendor, Person or I Staples	of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant as reported in Section P:							Worker/Consultant		
Street Address			City				State	Zip Code		
2550 Albany Ave			West Hartford				CT	06117-2335		
Purpose of Expenditure (by code)	Description Printer ink, easel			Event #				Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addending) None of the below (does not involve and Coordinated with reimbursement sought Coordinated without reimbursement sough	ther candidate or (joint expenditur	re) Indeper		В			\$133.97		
Last Name of Worker/Consu Pudlin	ltant	First Jacob			MI	Date of Payment to Vendor, Person or Entity 04/25/2023				
Name of Vendor, Person or I Staples	endor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Com as reported in Section P: Check # 1083):	Worker/Consultant		
Street Address			City				State	Zip Code		
2550 Albany Ave			West Hartford				СТ	06117-2335		
Purpose of Expenditure (by code)	Description Office supplies			Event#			Amount			
Expenditure # (if applicable)							\$15.94			
Last Name of Worker/Const Little	ltant	First Peter		MI Date of Payment to Vendor, Perso 05/10/2023				dor, Person or Entity		
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant	Payment to Reimburse Con as reported in Section P:					e:	Worker/Consultant		
Street Address		*****	City				State	Zip Code		
2550 Albany Ave	ny Ave							06117-2335		
Purpose of Expenditure (by code)	Description Office supplies			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) Indeper	ndent	A DB	_c _b		\$26.58		

\$176.49	SUBTOTAL Section T - This Page
\$3,367.73	TOTAL of Section T Pages
\$3,367.73	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS

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AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Coleman for Hartford	r Hartford July 10 filing					filing		
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consult	ants		
Last Name of Worker/Const Little	ultant	First Peter			МІ	Date of Payn 04/23/2	ment to Vendor, Person or Entity 2023	
Name of Vendor, Person or United States Postal	Entity Paid by Committee Worker/Consultant Service				as repo	nt to Reimburse rted in Section P ock # 1082);	Worker/Consultant
Street Address			City Hartford		. J. 1-2	1002	State CT	Zip Code
Purpose of Expenditure (by code)	Description Postage			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addending) None of the below (does not involve and Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditur	re) Indepen	,	∐в ∣	□c □p		\$9.65
Last Name of Worker/Consu Little	illant	First Peter			MI	Date of Pays 05/10/2		lor, Person or Entity
Name of Vendor, Person or United States Postal	Entity Paid by Committee Worker/Consultant Service				Payment to Reimburse Committee Worker/Consultant as reported in Section P: Check # 1086 Debit Card EFT			
Street Address			City Hartford			1. T.W. D.	State CT	Zip Code
Purpose of Expenditure (by code)	Description Postage			Event #				Amount
Expenditure # (if applicable)	Table 1							\$252.00
Last Name of Worker/Consu Lewis	ultant	First Lillard			MI	Date of Payn 04/18/2		lor, Person or Entity
Name of Vendor, Person or VValmart	Entity Paid by Committee Worker/Consultant				as repor	nt to Reimburse rted in Section P eck #	,	Worker/Consultant
Street Address			City				State	Zip Code
420 Buckland Hills D	r		Manchester				СТ	06042-8755
Purpose of Expenditure (by code)	Description Office equipment			Event #				Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Corganization: A B C D							\$420.08	

\$681.73	SUBTOTAL Section T - This Page	
\$3,367.73	TOTAL of Section T Pages	
\$3,367.73	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	