SEEC FORM 20

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

TOWN & DATY OF ERK

2023 JUL 1 | AM 10: 32

Do NorMark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE									
Fonfara for Hartford									
2. TREASURER NAME									
First		MI		Last					Suffix
Rennye		C		Leiler					
3. TREASURER ADDRESS									
Street Address			City				State	Zip C	ode
95 Tuttle Road			Dui	ham			СТ	064	22
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only	if Candidate	Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor							(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI		Last					Suffix
John		W		Fonfara	ì				
8. TYPE OF REPORT (Check One Box)				S S 8 5					
O January 10 filing	O7th day preced	ding primar	y	O7th	day preceding referendum		nitial Cont		r Disbursement
O April 10 filing	O30 days follow	ving primar	y	O45	days following referendum	,	Amendmer		
⊙ July 10 filing	O7th day preced	y preceding election		Deficit Type of Report:				oort:	
October 10 filing	12th day prece			O Ter	mination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n						
9. PERIOD COVERED									
	Beginning Da	te			Ending Date				
	April 1, 2023			thru	June 30, 2023				
	-				-				
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe						1 this Ite i	nized Car	mpaign F	inance
Kennya C. X.	eile.		Ren	nye C Lei	ler			07/10/2	2023
TREASURER OR DEPUTY TREASURE		,	PRIN	IT NAME	OF SIGNER		•	DATE	(mm/dd/yyyy)
			Arta Nasta Persiatika						
A person who is	found to have kn	owingly at	nd w	illfully vi	olated any provisions of	the cam	paign find	ınce statı	ites

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

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SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Fonfara for Hartford	July 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		o
12. Balance on hand at the beginning of Reporting Period	329596.34	
13. Contributions Received from Individuals (Sections A and B)	71060	397283
14. Receipts from Other Committees (Sections C1 and C2)	1000	10000
15. Other Monetary Receipts (Sections D through K)	0	500
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	О	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	6000	10500
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	78060	418283
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	407656.34	418283
19. Expenses Paid by Committee (Section P)	16934	27560.66
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	390722.34	390722.34
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	745
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	o
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	500
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	500
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	2428.19	
28a, Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	2428.19	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartford				July 10 filing				
A. Total Contributions from Sma (See instructions for definition of Small Con-		ed this Peri SUBTOTAL S		\$360				
	B. Itemized Cor	tributions	from Indivi	duals				
Last Name		First				MI		
Hill		David						
Residential Street Address		City			State	Zip Code		
83 Thornton Rd		Needham			MA	02492		
Principal Occupation		Name o	Employer					
Attorney		Ford 8	≩ Paulekas LL	P				
or dependent child of a lobbyist? No de	Contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?	is associated wi	r a chief executive h have a contractory	ve officer of a municipality t with said municipality	/, Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1?	s Is contributor a principal of a s	tate contractor of		te contractor? Yes				
If yes, list Event #	of government the contrac		O Executive	OLegislative				
Method of Contribution:		Date Re		Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order 4/4/2	3	500				
Last Name		First				MI		
Healy		Chris				Ì		
Residential Street Address		City			State	Zip Code		
27 Dorchester Rd		Wethersfield	l		ст	06109		
Principal Occupation	——————————————————————————————————————	Name of	Employer					
Executive Director CT Catholic Conference								
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to contributor or business he/she indued at more than \$5,000?	is associated wit				Amount of Contribution 500		
Is this contribution associated with an event reported in Section L1? Yes No	Is contributor a principal of a s If yes, indicate which brar			te contractor? Yes	7			
If yes, list Event #	of government the contract	······		C Legislative				
Method of Contribution:		Date Re		Aggregate Contributions	ŀ			
Ocash OPersonal Check Ocredit/Debit Card	Payroll Deduction CMoney		3	500				
Last Name Hochadel		First Jan				MI		
Residential Street Address		City			84.44	Zin Code		
69 Mattabasset Dr	1	Meriden			State CT	Zip Code 06450		
Principal Occupation		Name o	Employer		· ·			
President		AFTC	• '					
or dependent child of a lobbyist? O No de	contribution is in excess of \$400 to be contributor or business he/she alued at more than \$5,000?	is associated wit			7, Amou	ınt of Contribution		
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 C Legislative								
Method of Contribution;		Date Re		Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order 4/6/2	3	100		·		
	SUBT	OTAL Secti	on B — This	Page 1100				
	TOTAL	of addition	al Section B	Pages 69600				
TOTAL OF ALI	CONTRIBUTIONS FROM							
	(Enter total on Line 1	ə, Column A oj	oummary Page	1 otais)				

Section B ADDITIONAL PAGE 1

of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receign (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$360			
B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name	I _	irst			МІ	
Giannaros		Demetrios				
Residential Street Address 56 Basswood Rd	City Farm	nington	•	State CT	Zip Code 06032	
Principal Occupation		Name of Employer		<u></u>		
DEJE Group, LLC, Economic Consultant/Sole Owner		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	anch or	branches	CLegislative SYes			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	4/18/23	250			
Last Name Barrepski	i	irst Debra			MI	
Residential Street Address	City	,		State	Zip Code	
56 Depot St	East '	Windsor		ст	06016	
Principal Occupation		Name of Employer	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
HVAC		Fahrenheit Mechan	ical Services, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, A mo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which brace of government the contributor.	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:	uct 13 111	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	5/3/23	250			
Last Name	Fi	irst			MI	
Patel	R	Roshan				
Residential Street Address	City			State	Zip Code	
114 Quay St	Alex	andria	•	VA	22314	
Principal Occupation CEO		Name of Employer Forest Strategy Gro	oup LLC		•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a If yes, indicate which bra	nch or	ontractor or prospective state	O No	⊣	O .	
If yes, list Event # of government the contra	ect is wi		O Legislative	_		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	Date Received 5/4/23	Aggregate Contributions 1000	 		
SUB	TOTA	AL Section B — This	Page 1500			
ТОТА	Lofa	dditional Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page				

Section B ADDITIONAL PAGE 2 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			OF TAXES USED AND DESCRIPTION	
Fonfara 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			\$360				
B. Itemized Co	ntrib	outions from Indivi	duals				
Last Name		irst		M3000/6259/205600		MI	
Dubuque	L	ouis					
Residential Street Address	City			State	Zip (Code	
104 Hispaniola Lane	Bare	foot Beach		FL	341	134	
Principal Occupation		Name of Employer			1		
Impact Investor		Advantage Capital					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brai of government the contract.	nch or	branches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order		500				
Last Name	Fi	rst				MI	
Johnson	١	/lichael					
Residential Street Address	City			State	Zip C	Code	
452 Walnut St	New	Orleans		LA	701	18	
Principal Occupation Name of Employer							
Attorney Advantage Capital							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amoi	unt of	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	ontractor or prospective stat	e contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	┨			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/5/23	750				
Last Name	Fi	irst				MI	
Bennett	s	tephen					
Residential Street Address	City		***************************************	State	Zip C	lode	
613 Castle Creek Dr	Copi	pell		TX	750)19	
Principal Occupation		Name of Employer					
Small business investor		Stonehenge Capita					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amoi	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 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: Observable Contractor or prospective state contractor? Observable Contractor or prospective state contractor?							
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/7/23	250				
SUB1	TOTA	L Section B — This	Page 1500				
TOTAL	L of a	dditional Section B P	ages 69600		·		
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections A	+B) 71060	W			
(Enter total on Line	13, Col	lumn A of Summary Page!	Totals) / IUDU				

Section B ADDITIONAL PAGE 3_

of ⁵	4
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	NAME OF THE OWNER, WHEN	is Period ONLY OTAL SECTION A	\$360			
	ntribi	utions from Individ	luals	2.00		
Last Name	Fir				Ŋ	Ai
Thomas		Quentus				
	City	_		State	Zip Cod	
152 West 57th St 20th Floor	New '	York		NY	10019	9
Principal Occupation		Name of Employer				
Investor in small business		Stonehenge Capital	l			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	unt of C	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sevent reported in Section L1? If yes, list Event #	nch or b	ntractor or prospective state oranches	Contractor? Yes No			
Method of Contribution:	Ct is Will	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/7/23	250			
Last Name	Fire	st			N	Λl
Adamek	Th	nomas				
Residential Street Address	City			State	Zip Cod	le
6113 Chandler Dr	Baton	n Rouge		LA	7080	8
Principal Occupation	<u> </u>	Name of Employer				
Small business investor Stonehenge Capital Company LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of C	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction.	nch or t	branches	e contractor? SYes No Legislative			
Method of Contribution:	OC 15 1110		Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/7/23	250			
Last Name	Fire				I x	AI
Gowdy		arry			"	, 11
Residential Street Address	City			State	Zip Cod	le
57 Mallard Point	Hebro	on		ОН	4302:	5
Principal Occupation	I	Name of Employer				
Small business investing		Stonehenge Capita	1			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	*			. 1 4		
or dependent child of a lobbyist? No No No No No No No No No N				250	unt of C	ontribution
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, list Event # Security Security						
Method of Contribution:			Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/8/23	250			
SUBT	гота	L Section B — This	Page 750			
TOTAL	Lofad	lditional Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A umn A of Summary Page 1				

Section B ADDITIONAL PAGE 4_

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	obsoletos		TYPE OF REPORT				
Fonfara for Hartford .			July 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$360				
B. Itemized Co.	ntri	butions from Individ	duals				
Last Name	A service of the service of the	First				MI	
LeBlanc	(Gordon					
Residential Street Address	City			State	Zip	Code	
3924 Chatfield Ave	Bato	on Rouge		LA	70	808	
Principal Occupation		Name of Employer					
Small business investor		Stonehenge Capita	l				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	ociated with have a contract Oyes ONo	with said municipality	/, Am		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Secontributor a principal of a second by the seco	nch or	r branches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	_{er} 5/8/23	250				
Last Name	F	First				MI	
Kenny		Martin					
Residential Street Address	City			State	Zip	Code	
8 Belhaben	Cro	mwell		CT	06	416	
Principal Occupation	·	Name of Employer		•	•		
Real estate Lexington Partners LLC							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contract	nch o	r branches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	r 5/8/23	1000				
Last Name	ł	First		•		MI	
Kenny		Angela					
Residential Street Address	City			State	Zip	Code	
8 Belhaven	Cro	mwell		ст	06	416	
Principal Occupation	•	Name of Employer			·····4		
Homemaker		Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am 250		f Contribution	
Is this contribution associated with an event reported in Section L1? Yes No No Yes 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: O							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er 5/8/23	250				
SUBT	гот	AL Section B — This	Page 1500				
TOTAI	Lofa	additional Section B F	ages 69600				
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A olumn A of Summary Page					

Section B ADDITIONAL PAGE 5 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1000000		TYPE OF REPORT	12.000 (2.0)			
Fonfara for Hartford J			July 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		S Period ONLY TAL SECTION A	\$360				
			_				
B, Itemized Con	ntribu	tions from Individ	luals				
Last Name	First	titi kalenda eng e kinak estakanan da 11 mereta ar 11 mereta 12 bereng er bilanda (en 11 mereta 11 be	erforder Verscher der der eine der eine Gereichte der der eine der der eine der eine der eine der geleichte ge	(A) manage of the part of the	МІ	janjor rjan	
Manousos	Sta	ithis					
Residential Street Address	City			State	Zip Code		
27 Quarry Path	Stonin	gton		CT	06378		
Principal Occupation		Name of Employer					
Management		LAZ Parking					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	unt of Contributi	lion	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which branches in Section L1?	nch or br	anches	_ No				
If yes, list Event # of government the contract			OLegislative	4			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	- 1	Date Received 5/8/23	Aggregate Contributions 200				
Last Name	First				Mi		
Christ		chael					
Residential Street Address	City			State	Zip Code		
89 Ridgewood Rd	West F	lartford		ст	06107		
Principal Occupation	<u> </u>	Name of Employer		•			
Lobbyist Levin and Christ Government Relations							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amoi	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	nch or br	ranches	e contractor? Yes No			ļ	
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/9/23	200				
Last Name	First				MI		
Dowell	An	ny					
Residential Street Address	City			State	Zip Code		
100 Coleytown Rd	Westp	ort		СТ	06880		
Principal Occupation	1	Name of Employer					
Exec Dir	į	DFER					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	unt of Contributi	ion	
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, list Event # Secutive Of Secutive O							
Method of Contribution:	İ	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/9/23	250	<u> </u>			
SUBT	FOTAL	Section B — This	Page 550				
TOTAI	Lofado	ditional Section B P	ages 69600				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page 1					
			(SQ (SS (SS (SS (SS (SS (SS (SS (SS (SS				

Section B ADDITIONAL PAGE 6 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)			TYPE OF REPORT				
Fonfara for Hartford				July 10 filing	July 10 filing			
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$360		·		
B. Itemiz	ed Con	tribi	utions from Individ	duals				
Last Name	Harana Maria Ma	Fir				in distribution in	MI	
Mirabello		Pe	eter					
Residential Street Address	i i	City			State	1 '	Code	
60 Wooster Court		Bristo	ol		СТ	060	010	
Principal Occupation			Name of Employer					
Chairman MFT			Metal Finishing LLC	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is				, Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a princi fyes, indicate when the section L1? Yes Is contributor a princi fyes, indicate when the section L1?	hich branc	ch or b		OLegislative				
Method of Contribution:	<u></u>		Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (Order	5/9/23	500				
Last Name		Fire	st				Mi	
Carbone		Vi	incent				<u></u>	
Residential Street Address		City			State	1 -	Code	
25 Garden St	arden St Wethersfield CT				ст	061	109	
Principal Occupation			Name of Employer		<u>I</u>			
Restaurant Self								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she is				/, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a princ If yes, indicate w of government the	vhich bran	ich or l		e contractor? Yes No Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	╗			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (Order	5/9/23	500		_		
Last Name		Fir					MI	
Goldstein		Jo	onathan					
Residential Street Address	C	City			State	Zip	Code	
42 Frontenac Estates Dr	!	Saint	Louis		МО	63	131	
Principal Occupation			Name of Employer		1	<u>. </u>		
Finance			Advantage Capital					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she is				y, Amo	unt o	of Contribution	
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, list Event # Secutive Security Secutive Security Securit								
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money (Order	5/10/23	500				
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TOTAL OF ALL CONTRIBUTIONS			IVIDUALS (Sections A umn A of Summary Page 1					
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Section B ADDITIONAL PAGE ⁷ of ⁵⁴

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	itory)			TYPE OF REPORT	Selections.		
Fonfara for Hartford			July 10 filing				
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		S. S	s Period ONLY TAL SECTION A	\$360			
B. Itemized	d Cont	tribu	tions from Individ	duals			
Last Name	and the section of th	Firs		arrange in the control of the contro	711-00-0011-00-00-00-00-00-00-00-00-00-00		Мі
Dowd		Ke	vin				
Residential Street Address	Ci	ity			State	Zip	Code
51 Stoner Dr	٧	Vest l	Hartford		СТ	06	107
Principal Occupation			Name of Employer				
Attorney			Harrington Law LLC	-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of does contributor or business had a more than \$5,000?	he/she is				/, Amo	unt o	f Contribution
event reported in Section L1? No If yes, indicate which	ch branc	h or b		O No			
If yes, list Event # of government the c	contract	is with		OLegislative	4		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money C)rder	Date Received 5/15/23	Aggregate Contributions 250			
Last Name		Firs	l .			•	МІ
Carter		Jai	mes				
Residential Street Address	Ci	ity			State	Zip (Code
203 Tunxis Rd	03 Tunxis Rd West Hartford CT				CT	06	107
Principal Occupation			Name of Employer			1	
Real estate Self							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	he/she is				/, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principa of government the configuration of government the government that a configuration of government the configuration of government the government that a confi	ich branc	h or b		e contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money O	rder	5/15/23	1000			
Last Name		Firs			•		MI
Dunleavy		Mi	artin				
Residential Street Address		ity			State	Zip	Code
97 West Prospect St	١	lew h	laven		ст	06	515
Principal Occupation			Name of Employer			•	
Calendar Clerk			CT Sen Clerk's Offic	e			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No 100				Contribution			
Is this contribution associated with an event reported in Section L1? We see the section L1? Is contributor a principal of a state contractor or prospective state contractor? We see the section L1? Is contributor a principal of a state contractor or prospective state contractor? We see the section L1? Is contributor a principal of a state contractor or prospective state contractor? We see the section L1? Is contributor a principal of a state contractor or prospective state contractor? We see the section L1? Solution to the section L1?							
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OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money O	Order	5/16/23	100			
	SUBTO	TAI	. Section B — This	Page 850			
ТО	OTAL (of ad	ditional Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS F (Enter total on			VIDUALS (Sections A mn A of Summary Page !				

Section B ADDITIONAL PAGE 8 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			6135666
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$360			
	Aniellowy zamie	outions from Individ	duals			
Last Name Moxham		irst Scott				MI
Residential Street Address	City State Zip Code					
300 Colorado St	Aust	in 		TX	787	′01
Principal Occupation		Name of Employer				
SVP Finance & Accounting		Petros Ct Fund II LL	C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	Amount of Contribut	
Is this contribution associated with an event reported in Section L1? Yes, list Event # Yes Is contributor a principal of a fifyes, indicate which brain of government the contract.	nch or	branches	No.			
Method of Contribution:	Ct is Wi	Date Received	OLegislative Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	order (1000			
Last Name Hamid	1	_{irst} Rashid				MI
Residential Street Address	City			State	Zip (l
164 Dockerel Rd	Tolla	ind		СТ	060)84
Principal Occupation		Name of Employer				
General Contractor		Naek Construction	Co			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches _	e contractor? SYes No			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/20/23	250			
Last Name	Fi	irst				MI
Zyjeski] J.	effrey				
Residential Street Address 1176 N. Main St	City West	t Hartford		State CT	Zip (
Principal Occupation		Name of Employer			L	***************************************
lobbyist		Gaffney, Bennett &	Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amor	unt of	f Contribution
event reported in Section L1?	is contribution associated with an treported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches					
Method of Contribution:		Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/14/23	200			
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TOTAL	Lofa	dditional Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A lumn A of Summary Page I				

Section B ADDITIONAL PAGE 9 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		a de la composição		
Fonfara for Hartford				July 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ACCEPTANCE.	24,425,587,5	Period ONLY TAL SECTION A	\$360				
B. Itemized Co	ntri	ibut	tions from Individ	duals				
Last Name	And permittees	First	g (Commission of Marian Commission of American Commission of Commission		ara kiranda da d	SUPSCHOOL	М	
Hutton		Del	b					
Residential Street Address	City			·	State	- 1	Zip Code	
166 Garfield Rd	We	est H	lartford	:	СТ		06107	
Principal Occupation			Name of Employer					
State Government Affairs		ľ	The Cigna Group					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special Properties of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Con		ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fifyes, indicate which brain of government the contract.	nch c	or bra	anches	OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions	-			
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Last Name		First					MI	
Gibbs Jr		Gei	rville					
Residential Street Address	City				State	e 7	Zip Code	
2314 S Branch Rd	Bra	nch	nburg		NJ	- 10	08853	
Principal Occupation	1	1	Name of Employer	·				
Consultant			Capital Impact Grou	ıp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amoun 250	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	ınch e	or br	anches	e contractor? Yes No Legislative				
Method of Contribution:]	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Orđ	er	6/14/23	250				
Last Name		First					MI	
Fleury		Ma	tt					
Residential Street Address	City		_		State		Zip Code	
7 Deepwood Ln	We	est H	lartford		CT		06107	
Principal Occupation			Name of Employer					
Executive			CT Science Center					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amoun	at of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No Section L1? If yes, indicate which bra of government the contraction of government the contraction.	nch o	or br	anches	O Legislative				
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line			VIDUALS (Sections A nn A of Summary Page '					

Section B ADDITIONAL PAGE 10 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$360			
	·					-
B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name	Fi	irst				MI
Smith	J	ames				
Residential Street Address	City		\$'#* W	State	Zip (Code
290 Tranquility Rd	Midd	ilebury		ст	067	762
Principal Occupation	I	Name of Employer		<u> </u>		***************************************
CEO/Owner		JCSmith Advisors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she				/, Ашо	unt of	f Contribution
or dependent child of a lobbyist? O No does contributor or business he/she valued at more than \$5,000?	is assu	OYes ONo	with said municipality	500		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which brain	nch or	branches	_ ⊙ No			
If yes, list Event # of government the contract	ct is wi		OLegislative	_		
Method of Contribution:		Date Received	Aggregate Contributions			
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Last Name	Fi	irst				МІ
Arruda	0	Olívia				
Residential Street Address	City			State	Zip (Code
229 Clift St	Grot	on		CT	063	355
Principal Occupation		Name of Employer			J	
Beer distributor		F&F Distributos, Inc				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a an			/ A ma		f Contribution
or dependent child of a lobbyist? No No No No No No No No No N				50	um v,	Contribution
Is this contribution associated with an Yes Is contributor a principal of a	state c	ontractor or prospective stat	e contractor? OYes			
event reported in Section L1?			O No Legislative			
Method of Contribution:	ict is wi	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		50			
Last Name		irst				М
Fllardi		Ann				IVII
Residential Street Address	<u>, L</u>			State	Zip (<u></u>
229 Clift St	City Grot	on.		CT	1	355
	0.00		,	<u> </u>	100.	
Principal Occupation		Name of Employer	_			
Beer distributor		F&F Distributos, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	unt of	f Contribution
	state cr		e contractor? (Nes	7 "		
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 O Legislative						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/22/23	50			
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TOTAL OF ALL CONTRIBUTIONS FROM	M IND	DIVIDUALS (Sections A	(1 B) 71060			E
(Enter total on Line	13, Co.	lumn A of Summary Page	Totals)			_

Section B ADDITIONAL PAGE $\frac{11}{2}$ of $\frac{54}{2}$

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Fonfara for Hartford		July 10 filing	July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period Ol UBTOTAL SECTION	255329064596451 X 3 FN1				
	Carlotte 12 -					
B. Itemized Co.	itributions from	Individuals				
Last Name	First		MI			
Arruda	Olivia					
Residential Street Address	City		State Zip Code			
229 Clift St	Groton		ст			
Principal Occupation	Name of Employ	er				
Beer distributor	F&F Distribu	itors Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 950			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second to the second	ich or branches	ective state contractor? Yes No No Executive OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions	┥			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		1000				
Last Name	First		I MI			
Bartone	Joseph		***			
Residential Street Address	t		State Zip Code			
12 Dale Dr	East Hampton		CT 06424			
Principal Occupation	Name of Employ	er -				
registered nurse	State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lf yes, indicate which brace of government the contract.	nch or branches	ective state contractor? Yes Executive Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/22/23	1000				
Last Name	First	<u> </u>	MI			
Cloud	Christopher					
Residential Street Address	City		State Zip Code			
433 South Main St 328	West Hartford	•	σ			
Principal Occupation	Name of Employ	er	·			
lobbyist	сск					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/, Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	nch or branches	ective state contractor? Executive O Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/24/23	1000				
SUBT	OTAL Section B	— This Page 2950				
ТОТАІ	of additional Sec	tion B Pages 69600				
TOTAL OF ALL CONTRIBUTIONS FROM						
(Enter total on Line	13, Column A of Summ	ary Page Totals) 71060				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1.65.65		TYPE OF REPORT				
Fonfara for Hartford			July 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	**************************************	nis Period ONLY OTAL SECTION A	\$360				
B. Itemized Co	ntrib	outions from Individ	luals				
Last Name	F	irst			MI		
White	Į	eff					
Residential Street Address	City			State	Zip Code		
38 Fawnbrook Ln	Sims	bury		СТ	06070		
Principal Occupation	·	Name of Employer					
Attorney		Robinson & Cole LL	P				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a figure which brace of government the contract of government the government the government the contract of government the government that government the government the government that government the government the government the government that government the government the government that government the gov	nch or	branches	Chegislative				
	Ct 13 171	Date Received	Aggregate Contributions				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order		500				
Last Name	F	irst		•	MI		
Heslin]	ohn					
Residential Street Address	City	•		State	Zip Code		
17 Gun Mill Rd	Bloo	mfield		CT	06002		
Principal Occupation		Name of Employer		<u> </u>	L		
Insurance agent		Wentworth DeAnge	elis Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				', Amoi	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lf yes, indicate which bre of government the contra	anch or	branches	e contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/25/23	200				
Last Name	F	irst		1	МІ		
Glass	ŀ	Hillary					
Residential Street Address	City			State	Zip Code		
168 Hendley St	Mide	dletown		СТ	06457		
Principal Occupation		Name of Employer			•		
Lobbyist		Reynolds Strategy (Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a fixes, indicate which brateful of government the contral of government the government the contral of government the government the government the government the government the government the government of government the government the government of government the government the government of government of government the government of	nch or	branches _	e contractor? OLegislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	u Orde	Date Received	Aggregate Contributions 250				
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TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A Jumn A of Summary Page					

Section B ADDITIONAL PAGE 13 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	54 55 55 55 55 55 55 55 55 55 55 55 55 5		
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$360			
		_				
B. Itemized Co	ntribi	utions from Individ	luals			
Last Name	Fir	st				MI
Gionfriddo	Ro	oss				
Residential Street Address	City			State	Zip	Code
122 Pine Knob Dr	South	n Windsor		СТ	06	074
Principal Occupation		Name of Employer		•		
Government Affairs		Focus Government	Affairs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a: If yes, indicate which brait of government the contract	nch or b	oranches	Contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/26/23	100			
Last Name	Fin	st				MI
Gerratana	Fr	rank				
Residential Street Address	City			State	Zip	Code
632 Massachusetts Ave #214	Camb	oridge		MA	02	139
Principal Occupation		Name of Employer				
Lawyer		Mintz				
	O to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality O Yes O No 100				f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bra	state co	ntractor or prospective state	e contractor? Yes			
If yes, list Event # of government the contra	act is wit	~~	C Legislative			
Method of Contribution:		:	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/26/23	100			
Last Name	Fir	ndrew				MI
Levy	^	nuiew				
Residential Street Address	City			State	1 ~	Code
3433 Westhelmer	Hous	·		TX	<u> </u>	027
Principal Occupation		Name of Employer				
airline		Avelo, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7. Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a	nch or l	branches _	e contractor? OLegislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received 6/26/23	Aggregate Contributions			
		L Section B — This	Page 1200	<u> </u>		
		dditional Section B P				
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections A	(+ B) 71060			
(Enter total on Line	13, Coli	umn A of Summary Page!	Totals)			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	3.20.2		
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$360			
B. Itemized Cor	ntribi	utions from Individ	duals	10 S 40		
Last Name	Fir	s t	e 1990 til 1984 til 1994 til 1 Til 1994 til 1994 ti		MI	
George	Er	ric				
Residential Street Address	City		***************************************	State	Zip Code	
52 Gregory Hill Dr	Glaste	onbury		CT	06033	
Principal Occupation		Name of Employer				
President		IAC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brar of government the contract	nch or b	oranches	CLegislative Yes			
	Ct is with	Date Received		_		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/26/23	Aggregate Contributions 400			
Last Name	Fin	st			MI	
Gingras	Bı	rynn				
Residential Street Address	City			State	Zip Code	
37 Willow Ct N	Hobo	ken		NJ	07030	
Principal Occupation	L,,,,,,,,,,	Name of Employer			•	
Owner		G&G Beverage Distr	ributors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive ciated with have a contract O Yes O No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a If yes, indicate which brain of government the contract	inch or l	branches	e contractor? Yes No			
Method of Contribution:			Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/26/23	1000			
Last Name	Fir	rst			MI	
Halpin	P	ete				
Residential Street Address	City			State	Zip Code	
249 Forest Ln	Glast	onbury		CT	06033	
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 does contributor or business he/she valued at more than \$5,000?				7, Amo	ount of Contribution	
event reported in Section L1?	ent reported in Section L1? No If yes, indicate which branch or branches No					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	, O.d	Date Received 6/27/23	Aggregate Contributions			
Ocash Orersonal Check Octedible off Card Orayfoli Deduction Omoney	y Oraer	0,21,23				
SUB 7	ГОТА	L Section B — This	Page 2150			
TOTAL	Lofac	dditional Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	M IND 13, Coli	IVIDUALS (Sections A umn A of Summary Page	A + B) Totals) 71060			

Section B ADDITIONAL PAGE 15 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Fonfara for Hartford		July 10 filing		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$360		
B. Itemized Cor	ntributions from Indiv	iduals		
Last Name	First			MI
Russo	Mario			
	City		State	Zip Code
	Farmington		СТ	06085
Principal Occupation	Name of Employer			
Insurance Agent	Self-employed sta	te farm insurance ag	ent	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/, Amou	ınt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brain of government the contract		te contractor? Yes No		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/27/23	250		
Last Name	First			MI
Gomez	Victor			
Residential Street Address	City		State	Zip Code
134 Forster St	Hartford		СТ	06106
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 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executi is associated with have a contrac Yes O No	ve officer of a municipality t with said municipality	/, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra-	state contractor or prospective st nch or branches ct is with:	ate contractor? Yes No Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/27/23	100		
Last Name	First	,	•	MI
Sweeney	Bernard			
Residential Street Address	City		State	Zip Code
133 Field Rd	Longmeadow		MA	01106
Principal Occupation	Name of Employer		•	
former federal employee	retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		t with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? **Moderate of Section L1 is contributor a principal of a **If yes*, indicate which bra of government the contract of government the contract of the section L1 is contributor a principal of a **If yes*, indicate which bra of government the contract of government the contract of the section L1 is contributor apprincipal of a **If yes*, indicate which bra of government the contract of the section L1 is contributor apprincipal of a **If yes*, indicate which bra of government the contract of the section L1 is contributor apprincipal of a **If yes*, indicate which bra of government the contract of the section L1 is contributor apprincipal of a **If yes*, indicate which bra of government the contract of the section L1 is contributor apprincipal of a **If yes*, indicate which bra of government the contract of the section L1 is contributor apprincipal of a **If yes*, indicate which bra of government the contract of the section L1 is contributor.		ate contractor? OYes Contractor? No		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/27/23	500		
SUBT	FOTAL Section B — Thi	s Page 850		
TOTAL	of additional Section B	Pages 69600		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page			
Lines tout on line				

Section B ADDITIONAL PAGE 16 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	\$ 35		TYPE OF REPORT				
Fonfara for Hartford			July 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$360				
B. Itemized Con	ntrib	utions from Individ	luals		9.85		
Last Name	F	irst			Approximation	MI	
Guay	١	Martin					
Residential Street Address	City			State	Zip	Code	
276 Davis Rd	Bedf	ord		MA	01	730	
Principal Occupation		Name of Employer					
Manager		Stanley Black & Dec	ker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Am		of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which brain the section L1?	nch or	branches	_ O No		. 500		
If yes, list Event # of government the contract	ot is Wi	Date Received	O Legislative Aggregate Contributions	-			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		500				
Last Name	Fi	irst				мі	
Salito	- 1	Ralph					
Residential Street Address	City			State	Zip	Code	
82 Freshmeadow Dr	Trun	nbull		ст	06	611	
Principal Occupation		Name of Employer		1	L		
Director of Golf		Keney Park/DPW/H	artford				
	or business he/she is associated with have a contract with said municipality					of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/28/23	100				
Last Name	F	irst				MI	
Godfrey	1	Veil					
Residential Street Address	City			State	Zip	Code	
25 Girard Ave	Farn	nington		ĊŢ	06	032	
Principal Occupation		Name of Employer					
Property Manager		Real Estate					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am 250		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No	nch or	branches _	O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/28/23	250				
SUB	rot/	AL Section B — This	Page 850				
тота	Lofa	idditional Section B P	Pages 69600				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INI 13. Co	DIVIDUALS (Sections A Jumn A of Summary Page	(1 + B) 71060				
	usein (Sec						

Section B ADDITIONAL PAGE 17 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$360			
B. Itemized Co	ntrib	utions from Individ	duals			
Last Name	Fi	rst			MI	
Gunthel	Α	manda				
Residential Street Address	City			State	Zíp Code	
48 Cross Highway	Redd	ling		CT	06896	
Principal Occupation		Name of Employer				
Healthcare executive, ambulatory surgery centers		New York Bariatric	Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	C C Legislative			
	OF IS III	Date Received	Aggregate Contributions	\dashv		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order		500			
Last Name	Fi	rst			МІ	
Winkler	L	isa			***************************************	
Residential Street Address	City			State	Zip Code	
185 Ocean Way	Vero	Beach		FL	32963	
Principal Occupation	1	Name of Employer				
consultant		Innovate & organize	e			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	ヿ゙		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/28/23	1000			
Last Name		irst	***		MI	
Tran		⁻ huyan				
Residential Street Address	City			State	Zip Code	
104 Skyline Dr	East	Hartford		СТ	06118	
Principal Occupation		Name of Employer				
Managing Partner		ORG Realty Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches	e contractor? OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/28/23	100			
SUB	TOTA	AL Section B — This	Page 1100			
TOTA	Lofa	dditional Section B I	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A lumn A of Summary Page				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	1977 (Bill) (BCB)		
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor) S		is Period ONLY OTAL SECTION A	\$360			
B. Itemized Co.	ntrib	utions from Individ	duals	-03		
Last Name	Fi	rst			opticals (attitude)	MI
Feltman	D	Pavid				
Residential Street Address	City			State	Zip	Code
1076 East Deepwell Rd	Palm	Springs		CA	92	264
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 does contributor or business he/she valued at more than \$5,000?				/, Am		of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, list Event # No of government the contract	nch or	branches	Chegislative Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		250			
Last Name	Fi	rst				МІ
Casiano	ال	ulio				
Residential Street Address	City			State	Zip	Code
23 Pioneer Dr	Wind	dsor		CT	06	095
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 does contributor or business he/she valued at more than \$5,000?				/, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/28/23	500			
Last Name	Fi	irst		_		MI
Wood	A	\dam				
Residential Street Address	City			State	Zip	Code
260 France St	Rock	ky Hill		CT	06	5067
Principal Occupation		Name of Employer				
public affairs		City and State LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am 250		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No Yes No Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or	branches	e contractor? Yes O Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	Date Received 6/28/23	Aggregate Contributions			
SUBT	TOT!	L Section B — This	Page 1000	•		
TOTA	Lofa	dditional Section B F	ages 69600	· ·		
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	DIVIDUALS (Sections 2	(1+B) 71060		**	
(Enter total on Line	13, Co.	lumn A of Summary Page	Totals)			

Section B ADDITIONAL PAGE 19 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			in been not a
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S	100	his Period ONLY FOTAL SECTION A	\$360			
B. Itemized Co.	atril	butions from Indivi	duals			
Last Name	I	First		Christian Chiefern	West Profittinger	МІ
Souza		John				
Residential Street Address	City			State	Zip	Code
8 Ironwood Ln	Wes	st Hartford		СТ	06	117
Principal Occupation		Name of Employer				
real estate		souza and sons				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source 1 If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Am		of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which branches the section L1?	nch o	r branches	_ O No			
If yes, list Event # of government the contract	t is w		OLegislative	_		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	Date Received 6/28/23	Aggregate Contributions 250			
Last Name	(I	First	l .	l		МІ
Zubretsky	- 1	John				
Residential Street Address	City			State	Zip	Code
501 Highland St	Wet	thersfield		ст	06	109
Principal Occupation	**********	Name of Employer		I		
real estate broker		century 21 allpoints	s-the zubretsky gro	ир		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Am		f Contribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which brain of government the contract.	nch o	r branches	e contractor? Yes No	_ ``		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	r 6/28/23	200			
Last Name		First				MI
Ginnetti	- [.	Jim				
Residential Street Address	City			State	Zip	Code
172 Brandywine Circle	Eng	lewood		FL	34	223
Principal Occupation		Name of Employer				
consultant		self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative						
Method of Contribution: Cash Personal Check	Orde	Date Received 6/28/23	Aggregate Contributions 1000			
SUB1	ОТ	AL Section B — This	Page 850	-		
	(2007)	additional Section B F				
TOTAL OF ALL CONTRIBUTIONS FROM	1 IN	DIVIDUALS (Sections A	(4 B) 71060			
(Enter total on Line)	13, C	olumn A of Summary Page	Totals)			

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of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Fonfara for Hartford	July 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$360				
B. Itemized Co.	ntributions from Indivi	duals				
Last Name	First		MI			
Mangiacopra	Vinny					
Residential Street Address	City		State Zip Code			
8 Thistle Rd	Norwalk		CT 06851			
Principal Occupation	Name of Employer					
director	center for vein rest	oration				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?			Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event #		e contractor? Yes No Clegislative				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/28/23	100				
Last Name	First		MI			
Hughes	Josh					
Residential Street Address	City		State Zip Code			
34 Lexington Rd	West Hartford		CT 06119			
Principal Occupation	Name of Employer					
lobbyist Capitol Consulting						
	No does contributor or business he/she is associated with have a contract with said municipality					
event reported in Section L1? ONO If yes, indicate which bra		⊙ No				
If yes, list Event # of government the contra	Date Received	Legislative Aggregate Contributions	}			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		500				
Last Name	First		MI			
Neeley	Nicholas		1712			
Residential Street Address	City		State Zip Code			
46 Oliver Rd	New Haven		CT 06515			
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 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution			
event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/28/23	250				
SUB1	FOTAL Section B — This	Page 600				
TOTAI	. of additional Section B I	Pages 69600				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$360			
B. Itemized Co	ntrib	utions from Individ	luals			
Last Name	Fir	rst			MI	
Williams	Se	ea				
Residential Street Address	City			State	Zip Code	
107 Eastfield Rd	Wate	erbury		СТ	06708	
Principal Occupation		Name of Employer				
government affairs		Airlines for America	l			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or l	branches	CLegislative Yes			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order		500			
Last Name	Fir	rst			MI	
Harvey	N	1ichelle				
Residential Street Address	City			State	Zip Code	
219 Westerly Terrace	Rock	y Hill		CT	06067	
Principal Occupation		Name of Employer				
registered nurse		Rocky Hill Surgery (Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				', Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brace of government the contract.	anch or	branches	e contractor? Yes No Legislative			
If yes, list Event # of government the contra Method of Contribution:	act is wi	Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	v Order		225			
Last Name		rst			Mì	
Harvey	s	tephen				
Residential Street Address	City			State	Zip Code	
219 Westerly Terrace	Rock	y Hill	2.	ст	06067	
Principal Occupation		Name of Employer	the state of the s	l	<u> </u>	
system analyst		Webster Bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 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: Security Secur						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	Date Received 6/28/23	Aggregate Contributions			
		L Section B — This	Page 700			
		dditional Section B F				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page				

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of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	אי (ע		TYPE OF REPORT			
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Reco		his Period ONLY OTAL SECTION A	\$360			
B. Itemized (Contril	outions from Individ	duals			
Last Name	1-	irst			MI	
Meredith		Robert				
Residential Street Address	City			State	Zip Code	
47 Kenwood Rd	Wet	hersfield		CT	06109	
Principal Occupation		Name of Employer			•	
attorney		State of Connecticu	ıt - Public Defender:	5		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/ valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which of government the contributor as principal of government the government of government the government of government the government of government the government of governme	branch or		e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order	r 6/28/23	100			
Last Name	F	irst			MI	
Weinberg		Aaron				
Residential Street Address	City			State	Zip Code	
1405 Avenue L	Broo	oklyn		NY	11230	
Principal Occupation		Name of Employer	:		l	
property manager		Made Management	t			
or dependent child of a lobbyist? No does contributor or business he/valued at more than \$5,000?					unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of If yes, indicate which of If yes, indicate which indica	branch or		e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order	r 6/28/23	500			
Last Name	F	rirst			MI	
Laz	1	Daviđ				
Residential Street Address	City			State	Zip Code	
432 Washington St	Broo	okline		MA	02446	
Principal Occupation	L	Name of Employer				
mortgage banker		Fairway Independe	nt Mortgage Corp			
		to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No No No No No No No No No N				
event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative					
Method of Contribution:		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Orde	r 6/29/23	1000			
SU	BTOT	AL Section B — This	Page 1600	······································		
TOT	TAL of a	additional Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L		DIVIDUALS (Sections A Jumn A of Summary Page				

of.	54
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Fonfara for Hartford	July 10 filing	July 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONL' SUBTOTAL SECTION A	1000000 X 3011	\$360			
	ntributions from Ind	ividuals				
Last Name	First		MI			
McCluskey	David					
Residential Street Address	City		State Zip Code			
251 Westpoint Terrace	West Hartford		CT West			
Principal Occupation	Name of Employer					
legislative liason	State of Connec	ticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		tract with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Section L1? If yes, list Event # No Section L1?		state contractor? Yes tive OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 6/29/23	200				
Last Name	First		MI			
Bunnell	Charles					
Residential Street Address	City		State Zip Code			
204 Niantic River Road	Waterford		CT 06385			
Principal Occupation	Name of Employer					
Chief of Staff	Mohegan Tribe					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a contributor of a municipality, or dependent child of a lobbyist? One will be a contributor of business he/she is associated with have a contract with said municipality valued at more than \$5,000? One will be a contract with said municipality valued at more than \$5,000? One will be 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 # Yes Is contributor a principal of a If yes, indicate which broof government the contributor.		e state contractor? Yes No tive () Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 6/29/23	1000				
Last Name	First		МІ			
Spinella	Edward					
Residential Street Address	City		State Zip Code			
43 Castlewood Rd	West Hartford		CT 06107			
Principal Occupation	Name of Employer	j	<u> </u>			
Attorney	Law Offices of E	dward F Spinella				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a contribution of the co						
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: O Executive O Legislative						
If yes, list Event # of government the contra Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 6/29/23	1000				
SUB	TOTAL Section B — T	his Page 1600				
TOTA	L of additional Section	B Pages 69600				
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Section 13, Column A of Summary F					
(Brief Will Of Line	, Committed of Bulling I	70-7-1				

Section B ADDITIONAL PAGE 24 of 54

A. Total Contributions from Small Contributors-Received this Period ONLY Ges instructions for definition of Small Contributors B. Itemized Contributions from Individuals First	NAME OF COMMITTEE (Provide Complete Name as R	legistered with Filing Repository)			TYPE OF REPORT			
Superioritions for definition of Small Contributors	Fonfara for Hartford			July 10 filing				
Last Name Davey Principal Occupation Asset Management Security button is in excess of \$400 to a candidate for a chief executive officer of a municipality of expendent child of a lobby is; pouse, or dependent child of a lobby is; pouse, or dependent child of a lobby is; Peter Payroll Deduction Milford Payroll Deduction Milford Principal Occupation Principal Occupation Principal Occupation Principal Occupation Power of the principal of a state contractor or prospective state contractor? Principal Occupation Principal Occupation Power of the principal of a state contractor or prospective state contractor? Principal Occupation			\$356000 Berneller		\$360			
Last Name Davey Principal Occupation Asset Management Security button is in excess of \$400 to a candidate for a chief executive officer of a municipality of expendent child of a lobby is; pouse, or dependent child of a lobby is; pouse, or dependent child of a lobby is; Peter Payroll Deduction Milford Payroll Deduction Milford Principal Occupation Principal Occupation Principal Occupation Principal Occupation Power of the principal of a state contractor or prospective state contractor? Principal Occupation Principal Occupation Power of the principal of a state contractor or prospective state contractor? Principal Occupation		D. I	2.31	4: C 1 3: '	3 1.			
Davely Jane State Residential Street Address 1324 Asylum Ave Hartford City Hartford City Hartford City C		B. Itemized Con	-called Mar		duals			T-=
Hartford Hartford Hartford CT O5105			- 1.					MI
Principal Occupation Asset Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, Ocash OPersonal Check OF Credit/Debit Card OF Operation Lobbyist Residential Street Address of dependent child of a lobbyist? Note of Contribution associated with an expense of State Contributor or pusiness he/she is associated with an expense of State Contributor or business he/she is associated with an expense of State Contributor or principal of a state contractor or prospective state contractor? Note of Contribution associated with an expense of State of State Contribution or State of State Office of a municipality of State Contribution or principal of a state contractor or prospective state contractor? Note of Credit/Debit Card OF Agyroll Deduction Omoney Order Residential Street Address 65 Old Field Ln Principal Occupation Lobbyist, spouse, or dependent child of a lobbyist,	Residential Street Address		City	***************************************		State	Zip	Code
Asset Management Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child	1324 Asylum Ave		Hartf	ord		СТ	06	105
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? How in the section L1? Ho	Principal Occupation			Name of Employer				
State Contribution associated with an event reported in Section L1? Security Sec	Asset Management			LAZ Investments				
event reported in Section L1? Mo		s contributor or business he/she i		ciated with have a contract				of Contribution
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/29/23 200 Last Name Smith Peter MI Residential Street Address City State Zip Code O6460 Principal Occupation Name of Employer RSLK Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the second of government the contract of the part of government the contract of the part of government the contract of the contractor? Yes Stote	event reported in Section L1? O No	If yes, indicate which bran	ich or l	branches	_ O No			
State Stat	Method of Contribution:	•		Date Received	Aggregate Contributions	7		
Residential Street Address 65 Old Field Ln Principal Occupation Lobbyist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State Zip Code CT O6460	OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	6/29/23	200			
Residential Street Address 65 Old Field Ln Name of Employer RSLK RSLK Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State Zip Code O6460 Name of Employer RSLK RSLK Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? Method of Contributor: Cash Personal Check ©Credit/Debit Card Payroll Deduction Money Order Money Ord			Fir	rst				MI
65 Old Field Ln Principal Occupation Lobbyist RSLK Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is 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 of government the contract or prospective state contractor? Is contribution associated with an event of government the contract is with: Method of Contribution: Cash Opersonal Check Occedit/Debit Card Opayroll Deduction Money Order First Lou First Lou State Zip Code CT O6460	Smith		P	eter				
Principal Occupation Lobbyist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is 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: Cash Personal Check Occredit/Debit Card Payroll Deduction Money Order Gianquinto Name of Employer RSLK Amount of Contributo of a municipality of a contract with said municipality valued at more than \$5,000? Yes No Is contributor a principal of a state contractor? Pyes of government the contract is with: Date Received Aggregate Contributions 6/29/23 1000 Mi City Cheshire Name of Employer			•			State	Zip	Code
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is 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: Ocash OPersonal Check Ocredit/Debit Card Orayroll Deduction Money Order City City Cheshire Principal Occupation RSLK Amount of Contributor of a municipality, does contractor of the accountract with said municipality valued at more than \$5,000? Amount of Contributor of Contributor of Payroll Deduction of Social State contractor or prospective state contractor? Ocash OPersonal Check Ocredit/Debit Card Orayroll Deduction Money Order City Cheshire City Cheshire City Cheshire Name of Employer	65 Old Field Ln	ļ	Milfo	rd		ст	06	460
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received of 29/23 Is contributions Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order First Lou Residential Street Address 364 Mount Sanford Rd Principal Occupation No If contribution is in excess of \$400 to a candidate for a chief executive of ficer of a municipality, and the second a contract with said municipality. Amount of Contributions OVEN ON OF SON				Name of Employer				
or dependent child of a lobbyist?	Lobbyist			RSLK				
event reported in Section L1? If yes, list Event # Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Money Order Cianquinto Residential Street Address 364 Mount Sanford Rd Principal Occupation No If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions 6/29/23 1000 MI City Cheshire City Cheshire State Zip Code CT 06410 Principal Occupation	or dependent child of a lobbyist? O No does	s contributor or business he/she i		ciated with have a contract				of Contribution
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Money Order 6/29/23 1000 Last Name Glanquinto Residential Street Address 364 Mount Sanford Rd Principal Occupation Date Received 6/29/23 1000 First Lou State Zip Code CT 06410	event reported in Section L1? No	If yes, indicate which bran	nch or	branches	_ O No			
Last Name Gianquinto Residential Street Address 364 Mount Sanford Rd Principal Occupation First Lou City Cheshire City Cheshire CT 06410		1				┪		
Gianquinto Residential Street Address 364 Mount Sanford Rd Principal Occupation Lou City Cheshire City Cheshire CT 06410	OCash OPersonal Check OCredit/Debit Card (Payroll Deduction Money	Order	6/29/23	1000			
Residential Street Address 364 Mount Sanford Rd City Cheshire City Cheshire CT 06410 Principal Occupation Name of Employer	Last Name		Fin	rst		 -		MI
364 Mount Sanford Rd Cheshire CT 06410 Principal Occupation Name of Employer	Gianquinto		L	ou				
Principal Occupation Name of Employer	Residential Street Address		•			State	Zip	Code
	364 Mount Sanford Rd		Ches	hire		CT .	06	410
Exec Anthem BCBS	Principal Occupation			Name of Employer				
lacksquare	Exec			Anthem BCBS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No Amount of Contributor or Dependent of the executive officer of a municipality of the executive of	or dependent child of a lobbyist? O No does	s contributor or business he/she i		ciated with have a contract				of Contribution
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, 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: O Executive O Legislative	event reported in Section L1? No	No If yes, indicate which branch or branches ONo						
Method of Contribution: Date Received Aggregate Contributions	Method of Contribution:	_			1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/29/23 500	OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	6/29/23	500			
SUBTOTAL Section B—This Page 950		SUBT	OTA	L Section B — This	Page 950			
TOTAL of additional Section B Pages 69600		TOTAL	ofac	dditional Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 71060	TOTAL OF ALL							

Section B ADDITIONAL PAGE 25

of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	100 July 1991		
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		riod ONLY SECTION A	\$360			
B. Itemized Co	ntribution	s from Individ	duals			
Last Name	First				МІ	
Ganci Jr	Salvato	ore				
Residential Street Address	City			State	Zip Code	
116 Vanderbilt Ave	West Hartf	ford		ст	06110	
Principal Occupation	Name	e of Employer				
President	Mid	l-State Mason Co	ontractors Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a figure, indicate which bra of government the contra	nch or branch	ies _	CLegislative		:	
Method of Contribution:	Date :	Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order		1000			
Last Name	First				MI	
Amodeo	Angelo)				
Residential Street Address	City			State	Zip Code	
65 East Elliott St	Hartford			ст	06114	
Principal Occupation	Name	of Employer				
Owner	Self	:				
	lent child of a lobbyist? O No does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or branch	ies	e contractor? Yes No Legislative		:	
Method of Contribution:		Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 6/2	9/23	1000			
Last Name	First				MI	
Kess	Avroho	om				
Residential Street Address	City			State	Zip Code	
485 Lexington Ave	New York			NY	10017	
Principal Occupation	Name	e of Employer				
lawyer	Trav	velers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?	is associated v			7, Amo	unt of Contribution	
event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: Executive Legislative					
Method of Contribution:	l	Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 6/2	9/23	1000			
SUB	TOTAL Sec	ction B — This	Page 2500			
TOTA	L of additio	onal Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 71060						

Section B ADDITIONAL PAGE ²⁶ of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Fonfara for Hartford	July 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$360	\$360				
	ntributions from Indi	viduals				
Last Name	First		MI			
Robinson	David					
Residential Street Address	City		State Zip Code			
21 Ledyard Rd	West Hartford		CT 06117			
Principal Occupation	Name of Employer					
Attorney	The Hartford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which bra of government the contra		tate contractor? Yes Yes No Pe OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		550				
Last Name	First		MI			
Bessette	Andy					
Residential Street Address	City	· 1	State Zip Code			
12 Stratford Rd	West Hartford		CT 06117			
Principal Occupation	Name of Employer		<u> </u>			
EVP & CAO Travelers						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	Amount of Contribution 500			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a levent reported in Section L1? No If yes, indicate which bree	state contractor or prospective s	state contractor? PYes				
If yes, list Event # of government the contra		ve O Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		1000				
Last Name Coco	First Anthony		MI			
Residential Street Address	City		State Zip Code			
1176 Maple St	Rocky Hill		CT 06067			
Principal Occupation	Name of Employer					
Hartford landlord	Maple Street Rea	lty LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						
event reported in Section L1?	s contribution associated with an reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches					
Method of Contribution:	Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 6/29/23	200				
SUB	FOTAL Section B — Th	is Page 1100				
TOTA	L of additional Section F	Pages 69600				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Section 13, Column A of Summary Pa					
		nenegation of the manager				

Section B ADDITIONAL PAGE ²⁷ of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Fonfara for Hartford	July 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$360	\$360				
B. Itemized Co.	ntributions from Indivi	duals				
Last Name	First		MI			
Stewart	Bonnie					
Residential Street Address	City	[5	State Zip Code			
7 Hillside Ln	Colchester	(CT 06415			
Principal Occupation	Name of Employer					
CEO	Connecticut Societ	y of CPAs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #		Contractor? Yes No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/29/23	200				
Last Name	First	•	MI			
Linares	Arthur					
Residential Street Address	City	5	State Zip Code			
424 Ocean Drive W	Stamford	(CT 06902			
Principal Occupation	Name of Employer		1			
owner Connecticut Social Equity LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Co						
event reported in Section L1?		_ No				
If yes, list Event # of government the contra	Date Received	Aggregate Contributions	4			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		1000				
	First	1000	 MI			
Lazowski	Barry		IVI			
Residential Street Address	City	;	State Zip Code			
5510 N Ocean Dr 22A	Singer Island		FL 33404			
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 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution			
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Section L1? If yes, list Event # Executive Contractor Contractor						
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/29/23	1000				
SUBT	rOTAL Section B — This	Page 2200				
TOTAI	of additional Section B	Pages 69600				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections . 13, Column A of Summary Page					

Section B ADDITIONAL PAGE ²⁸ of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	- 160 ASSING BUZ		
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$360					
B. Itemized Co	ntribu	utions from Individ	duals			
Last Name	Fire	st.			MI	
Leiler	Re	ennye				
Residential Street Address	City			State	Zip Code	
95 Tuttle Rd	Durha	am		СТ	06422	
Principal Occupation		Name of Employer		•		
6/28/23 Mgr		DBS Energy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am o	unt of Contribut	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bra of government the contra	inch or b	oranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/29/23	1000			
Last Name	Fire	st			MI	
Chiulli	Ct	hristopher				
Residential Street Address	City			State	Zip Code	
5 mountainside Rd	West	Hartford		CT	06117	
Principal Occupation	.J	Name of Employer				
commercial excavating		self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyves, indicate which bratefyes, list Event #	anch or l	branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/29/23	1000			
Last Name	Fir				MI	
Marotta	Sa	al				
Residential Street Address	City			State	Zip Code	
23 Autumn Circle	Rocky	y Hill		ст	06067	
Principal Occupation		Name of Employer				
President		Autumn Transporta	ation Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribut	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security Is contributor a principal of a figure, indicate which brateful of government the contraction.	anch or b	branches	e contractor? Yes O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/29/23	1000			
SUB'	TOTA	L Section B — This	Page 3000			
TOTA	Lofac	lditional Section B P	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A umn A of Summary Page				
	avanesia		encare for			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	Services (page	465 (Stort St. / 2005) (1807)
Fonfara 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			\$360			
B. Itemized C	Contr	ibut	ions from Individ	luals =	333	
Last Name	10.000 to 000 to	First				М
Keay		Hu	nter			
Residential Street Address	City	, I			State	Zip Code
6 Orchard Pines Place	Sp	ring			TX	77382
Principal Occupation			Name of Employer Avelo Airlines			+
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?					, Amo	ount of Contribut
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which b of government the cont	гапсһ (or bra	anches _	CLegislative		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord	der	6/29/23	250		
Last Name		First			<u> </u>	MI
Bingham		Rya	n			
Residential Street Address	City	,			State	Zip Code
20 Spencer Brook Rd	Ne	ew H	artford		CT	06057
Principal Occupation	•	1	Name of Employer			
lobbyist			S&L			
	dependent child of a lobbyist? O No does contributor or business he/she is associated with have a contract with said municipality				ount of Contribut	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which be of government the company to the principal of If yes, indicate which is t	branch	or br	anches	e contractor? Yes No		
Method of Contribution:]	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord	der	6/29/23	250		
Last Name		First				MI
Leach		Cin	fford			
Residential Street Address 3 Kenmoore Rd	City Blo	, oom	field		State	Zip Code 06002
Principal Occupation			Name of Employer		<u> </u>	1
attoney/lobbyist			The Hartford			
	Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No 250			ount of Contribut		
event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Or		Date Received 6/29/23	Aggregate Contributions 400		
	os iš ir		Section B — This	Page 650	1	
TOT	AL of	f ado	ditional Section B I	ages 69600		
TOTAL OF ALL CONTRIBUTIONS FRO			VIDUALS (Sections A			

Section B ADDITIONAL PAGE 30 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	2 60 6				
Fonfara 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			\$360					
B. Itemized Co.	ntribu	itions from Individ	duals					
Last Name	Firs	SE			www.magta.com	MI		
Fox	Ja	ne						
Residential Street Address	City			State	Zip C	ode		
14 Rice Hill Ln	Hiltor	n Head		SC	299)28		
Principal Occupation		Name of Employer						
Admin		Lighting Affiliates						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Unit Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribut			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which branches in the section L1?	nch or b	ranches	_ N₀					
If yes, list Event # of government the contract	ct is with		O Legislative	4				
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/30/23	1000					
Last Name Klein	Firs Mi	st ichael				MI		
Residential Street Address	City			State	Zip C	Code		
39 Old Stone Crossing	West	Hartford		CT	061	17		
Principal Occupation		Name of Employer						
Insurance Executive								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo		f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, list Event # Section L1? If yes, indicate which brain of government the contract	nch or b	oranches	e contractor? Yes No					
Method of Contribution:		Date Received	Aggregate Contributions	┪				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/30/23	1000					
Last Name	Firs	SI.				MI		
O'Leary	No	eil						
Residential Street Address	City			State	Zip C	Code		
137 Westridge Dr	Water	rbury		ст	067	708		
Principal Occupation		Name of Employer						
Mayor		City of Waterbury						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of	f Contribution		
event reported in Section L1?								
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/30/23	250					
SUBT	ГОТА	L Section B — This	Page 2250					
TOTAL	L of ad	lditional Section B P	ages 69600					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A						
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receign (See instructions for definition of Small Contributor)	CHECK CHARLEST CONTRACTOR	is Period ONLY OTAL SECTION A	\$360			
B. Itemized Co	ontrib	utions from Indivi	duals			
Last Name	Fi	rst			MI	
Griffin	N	licole				
Residential Street Address	City			State	Zip Code	
325 Tucker Hill Road	Midd	llebury		СТ	06762	
Principal Occupation		Name of Employer				
lobbyist		Powers, Griffin & Hi	ILLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution of Contribution of Contribution of Contribution of Contribution or Description of Contribution of				unt of Contribution		
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If yes, list Event # of government the contra	act is Wil		OLegislative Aggregate Contributions	\dashv		
Method of Contribution:		Date Received				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone			500			
Last Name	Fin				MI	
Gerratana	G	ireg				
Residential Street Address	City			State	Zip Code	
11 Dorset Ln	Farm	ington		СТ	06032	
Principal Occupation	•	Name of Employer				
consultant		Nutmeg Strategies				
	does contributor or business he/she is associated with have a contract with said municipality					
his contribution associated with an treported in Section L1? No Yes 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						
If yes, list Event # of government the contr	act is wi	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	v Order		250			
		<u> </u>			МІ	
Last Name First MI Giantonio Guy				IVII		
Residential Street Address	City			State	Zip Code	
6 Tyler Farms Road	Plain	ville		ст	06062	
Principal Occupation		Name of Employer			<u> </u>	
certified public accountants Gitlin & Company LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo 750	unt of Contribution	
event reported in Section L1?	d with an Pyes No Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with:					
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	6/30/23	1000			
SUBTOTAL Section B — This Page 1250						
TOTAL of additional Section B Pages 69600						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 71060						
(Enter total on Line 13, Column A of Summary Page 10tals)						

Section B ADDITIONAL PAGE 32 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara 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		\$360			
B. Itemized Co	ntrib	utions from Individ	luals		
Last Name	Fir				MI
Hartley	Jo	oan			V
Residential Street Address	City			State	Zip Code
206 Columbia Blvd	Wate	rbury		ст	06710
Principal Occupation		Name of Employer			
Legislator		State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contrib					
Is this contribution associated with an event reported in Section L1? Yes Sociated with an event reported in Section L1? No If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contraction.	ported in Section L1? No If yes, indicate which branch or branches O No				
Method of Contribution:		Date Received	Aggregate Contributions	\dashv	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/31/23	1000		
Last Name	Fir	rst			MI
Hartley	Ja	ames			E
Residential Street Address	City			State	Zip Code
444 Upper Whittemore Rd	Midd	llebury		ст	06762
Principal Occupation	•	Name of Employer			•
attorney		Drubner Hartley			
	No does contributor or business he/she is associated with have a contract with said municipality				
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor?					
If yes, list Event # of government the contra	uct 15 111	Date Received	Aggregate Contributions	+	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/30/23	1000	ł	
Last Name	Fit	rst		<u>l</u>	MI
Hunt	Ja	ames			w
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
27 Pierce Ave	Dorc	hester		MA	02122
Principal Occupation Name of Employer					***************************************
Corporate Secretary		Eversource			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor or Lorentz of the contributor of the contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? O Yes O No					
this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative					
Method of Contribution: Date Received Aggregate Contributions					
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney Order 5/14/23 1000					
SUBTOTAL Section B — This Page 3000					
TOTAL of additional Section B Pages 69600					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 71060					

Section B ADDITIONAL PAGE 33 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	5,65,65	Salastinak w Broscotta Lisasa
Fonfara for Hartford		July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	100000000000000000000000000000000000000	nis Period ONLY OTAL SECTION A	\$360		
B. Itemized Co	ntrib	utions from Individ	duals		
Last Name	Fi	irst			MI
Carabetta	S	alvatore			
Residential Street Address	City			State	Zip Code
156A Sams Road	Meri	den		CT	06450
Principal Occupation		Name of Employer			
Carabetta Companies		Carabetta Compani	les		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor Of Contributor or Description o					
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra of government the contra	nch or				
Method of Contribution:		Date Received	Aggregate Contributions	\dashv	
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Last Name	Fi	rst	.		MI
Tomassetti	A	anthony			D
Residential Street Address	City			State	Zip Code
64 Nutmeg Dr Apt A	Meri	den		ст	06451
Principal Occupation		Name of Employer			.1
Retired	Retired Retired				
	\$400 to a candidate for a chief executive officer of a municipality, le/she is associated with have a contract with said municipality Yes No No 1000				
s this contribution associated with an very set of government the contract of state contract of prospective state contract of the state contract of prospective state contract of the state contract of prospective state contract of the state co					
Method of Contribution:					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	ney Order 6/30/23 1000				
Last Name	Fi	irst			MI
Fonfara	В	Beverly			A
Residential Street Address	City			State	Zip Code
272 Linnmoore St	Harti	ford		CT	06106
Principal Occupation		Name of Employer			
Retired					
	endent child of a lobbyist? 💮 No 🕴 does contributor or business he/she is associated with have a contract with said municipality				ount of Contribution
event reported in Section L1?	No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
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SUBTOTAL Section B — This Page 2750					
TOTAL of additional Section B Pages 69600					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 71060					

Section B ADDITIONAL PAGE 34 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Fonfara for Hartford	July 10 filing	July 10 filing						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor) S	ed this Period C SUBTOTAL SECTI	Springs and the second of the	\$360					
B. Itemized Co.	ntributions from	Individuals						
Last Name	First		MI					
Szerejko	James		J					
Residential Street Address	City		State Zip Code					
15 Thicket Ln	West Hartford		CT 06107					
Principal Occupation	Name of Emplo	yer						
Retired	Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		of executive officer of a municipality a contract with said municipality ONo	Amount of Contribution 500					
Is this contribution associated with an event reported in Section L1? Yes. list Event # Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brate of government the contract	ich or branches	pective state contractor? Yes No Executive OLegislative						
		`	4					
Method of Contribution:	Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/20/23	500						
Last Name	First		MI					
Forrest	Matthew		J					
Residential Street Address	City		State Zip Code					
72 Somerset St	Wethersfield		CT 06109					
Principal Occupation Name of Employer								
Attorney	Forrest Mc	Padden						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		of executive officer of a municipality a contract with said municipality No	Amount of Contribution 500					
	Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches							
If yes, list Event # of government the contract is with: Executive C Legislative								
Method of Contribution:	of Contribution: Date Received Aggregate Contributions							
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 5/31/23 500								
Last Name	First	•	MI					
Gallo	Anthony		Ŋ					
Residential Street Address	City		State Zip Code					
113 N Lake St	Litchfield		CT 06759					
Principal Occupation	Name of Emplo	yer						
VP	A. Gallo & G	Company/Star Distributors						
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No 250								
event reported in Section L1?	of government the contract is with:							
Method of Contribution: Date Received Aggregate Contributions								
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SUBT	OTAL Section B	—This Page 1250						
TOTAL	of additional Sec	ction B Pages 69600						
TOTAL OF ALL CONTRIBUTIONS FROM								
(Enter total on Line 13, Column A of Summary Page Totals)								

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		Exerne of supplied to		
Fonfara for Hartford			July 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY AL SECTION A	\$360				
B. Itemized Con	ntributi	ons from Individ	luals				
Last Name	First	And a making of the second 1.0 miles of a second procedure of the second second second second second second se			МІ		
Cunningham	Jose	ph					
Residential Street Address	City			State	Zip Code		
21 Douglas St	Hartford	l		CT	06114		
Principal Occupation	Na	ame of Employer	•				
Retired	R	etired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	ınt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second liftyes, indicate which brain of government the contraction.	nch or bran	nches	Contractor? Yes No				
Method of Contribution:	Da	ate Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6	/30/23	100				
Last Name	First				MI		
Carbone	John)			F		
	City			State	Zip Code		
18 Cedar Wood Dr	Wethers	sfield		C	06109		
Principal Occupation		ame of Employer					
Partner	P	ower Point Energy	,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	to a candida is associate	ate for a chief executive and with have a contract of Yes No	officer of a municipality with said municipality	, Amo	ınt of Contribution		
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor? **Myes**, indicate which branch or branches of government the contract is with: **Executive** Legislative						
If yes, list Event # of government the contra		ate Received	Aggregate Contributions	+			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6	5/30/23	500				
Last Name	First				MI		
Ferguson	Meli	ssa			J		
Residential Street Address	City			State	Zip Code		
83 West St	Rocky H	lill		ст	06067		
Principal Occupation	N	ame of Employer					
Principal	E	fficiency Consulta	nts LLC				
	does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution		
event reported in Section L1?	No If yes, indicate which branch or branches of government the contract is with: Description Executive Desirative						
Method of Contribution: Date Received Aggregate Contributions OCosh OPersonal Check OCredit/Debit Card OPeyroll Deduction OMoney Order 6/30/23 500							
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TOTA	L of addi	tional Section B P	ages 69600				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVI 13, Colum	IDUALS (Sections A n A of Summary Page	A + B) Totals) 71060	****			

Section B ADDITIONAL PAGE 36 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	שלים		TYPE OF REPORT			
Fonfara 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			\$360			
B. Itemized	Contril	butions from Individ	duals			
Last Name	I	First			MI	
Gerratana		Terry				
Residential Street Address	City			State	Zip Code	
11 Dorset Ln	Farr	mington		СТ	06032	
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 \$\frac{4}{3}\$ does contributor or business he valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which is the indicate which is the If yes, in	branch of		e contractor? Yes OLegislative			
Method of Contribution:	inituot ib vi	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMe	oney Orde		250			
Last Name	I	First			MI	
Gerratana		Frank				
Residential Street Address	City			State	Zip Code	
11 Dorset Ln	Farr	mington		ст	06032	
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 \$\frac{1}{2}\$ does contributor or business here valued at more than \$5,000?				, Ame	unt of Contribution	
this contribution associated with an order to the section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches						
If yes, list Event # of government the co	ontract is v		O Legislative	_		
Method of Contribution:						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM		<u> </u>	250			
Last Name Smith		First Christopher			MI	
Residential Street Address	City	•		State	Zip Code	
606 Cortland Circle	1 -	eshire		ст	06410	
Principal Occupation		Name of Employer		i	<u>t</u>	
lobbyist		Rome Smith Lutz &	Kowalski			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	f a lobbyist? 💽 No does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution	
event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative					
Method of Contribution: Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Orde	er 6/30/23	500			
SU	UBTOT	AL Section B — This	Page 1000			
TO	ΓAL of	additional Section B I	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FR		DIVIDUALS (Sections A				
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Section B ADDITIONAL PAGE 37 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	456 F881 MAT		
Fonfara 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			\$360			
B. Itemized Con	ntribi	itions from Individ	duals			
Last Name	Fire			**	MI	
Green	Tu	ıcker				
Residential Street Address	City			State	Zip Code	
216 Main St	New 0	Canaan		СТ	06840	
Principal Occupation	I	Name of Employer				
President		Threshold Group				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second of government the contract of government the contract.	nch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/30/23	1000			
Last Name	Fire				MI	
Gandara	M	arilda				
Residential Street Address	City	_		State	Zip Code	
155 Scarborough St	Hartfe	ord		СТ	06105	
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 does contributor or business he/she valued at more than \$5,000?				/, Amor	unt of Contribution	
event reported in Section L1?						
Method of Contribution:	Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/30/23	500			
Last Name	Fin	<u>I</u>			MI	
Cassella	М	ichael				
Residential Street Address	City			State	Zip Code	
50 Ten Acre Rd	New	Britain		CT	06052	
Principal Occupation		Name of Employer		,		
energy efficiency consultant		Willow Brook Energ	gy Partners			
	No does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution	
event reported in Section L1?						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	Date Received 6/30/23	Aggregate Contributions			
	L CIA (CAL)	L Section B — This	Page 1600			
		lditional Section B F				
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	IVIDUALS (Sections A	(A + B) 71060			
(Enter total on Line	13, Coli	ımn A of Summary Page	Totals)			

Section B ADDITIONAL PAGE 38 of 54

B. Itemized Contributions from Individuals B. Itemized Contributions B. Itemized Contributions from Individuals B. Itemized Contributions B. Itemized Contributions B. Itemized Contributions Copy Farmington Copy Farmington Copy Farmington Copy Farmington Name of Employer Kosta Diamantis Construction Consultant Itemized Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000? We sold contribution associated with an event reported in Section 1.17 Itemized Individuals Amount of Contribution Types, Individual Contributions Date Received Date Received Agregate Countributions Copy Copy State Date Received Agregate Countributions Date Received Amount of Contribution Individuals Amount of Contributions Date Received Agregate Countributions Date Received Amount of Contribution Amount of Contribution Date Received Amount of Contribution Date Received Amount of Contribution Copy South Comman Rd Principal Occupation Date Section 1.17 Principal Occupation Date Section 1.17 No N	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	6822369034		
Substitution of Smith Contributions Substitutions Substi	Fonfara for Hartford			July 10 filing			
Let Name Distance				\$360			
Let Name Distance						· · · · · · · · · · · · · · · · · · ·	
Clay State Constitution State Constitution State Clay State Constitution	B. Itemized Co	ntri	butions from Individ	luals			
Residential Street Address City Farmington City Goods	Last Name	I	First				МІ
Farmington State Contributor Contributor State Contrib	Diamantis		Konstantinos				
Name of Employer Rosta Diamantis Construction Consultant Security and the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of the contribution of the co	Residential Street Address	City			State	Zip	Code
Secretify to a lobby ist, spouse, or dependent child of a lobbysis? No Secretify the spouse of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? No Secretify the secretic properties with an amunicipality valued at more than \$5,000? No Secretify the secretic properties with a contribution of properties and secretically the secretic properties with a contribution of government the contract is with Okase Officer of properties with the secretic properties with a contribution of government the contract is with Okase Officer of properties with the secretic properties with a secretic propertie	396 Meadow Rd	Fari	mington		СТ	06	032
Is contributor a lobbysist, spouse, or dependent child of a lobbysist? Is this contribution associated with an event september of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? Total Name State Capture Payroll Pa	Principal Occupation	<u> </u>	Name of Employer				
or dependent child of a lobbyist? No valued at more than \$5.05.00? No valued at more than \$5.00? No valued at more than \$5.00.00? No valued a	Attorney		Kosta Diamantis Co	nstruction Consulta	nt		
event reported in Section L17	or dependent child of a lobbyist? O No does contributor or business he/she	to a c	sociated with have a contract	e officer of a municipality with said municipality			of Contribution
Method of Countibution Cash Oresonal Check Ocredit/Debit Card Payroll Deduction Money Order First James City Wolcott CT 06716 Principal Occupation Independent child of a lobbyist, spouse, or dependent child of a lobbyist or dependent	event reported in Section L1?	nch o	or branches	O No			
Clash OPersonal Check OP		ct is v			4		
Residential Street Address 29 South Colman Rd State Zip Code CT 06716		y Ordo					
Reaidenial Street Address 29 South Colman Rd City Wolcott	Last Name		First				MI
29 South Colman Rd Wolcott Name of Employer Focus Gov Affairs Name of Employer Focus Gov Affairs	Paolino		James				
Principal Occupation lobbyist	Residential Street Address	City			State	Zip	Code
South: S	29 South Colman Rd	Wo	lcott		CT	06	716
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository). TYPE OF REPORT								
Fonfara for Hartford July				July 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$360					
B. Itemized Con	ntributi	ons from Individ	luals					
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Residential Street Address	City			State	Zip Code			
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retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order First Mounds MI Mounds	3 Muls Hill Drive	Farmi	ington		ст	06032	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Second	Principal Occupation	,	Name of Employer				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Last Name Mounds No Ves Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contribution associated with an of principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches of government the contract is with: Date Received 6/30/23 Aggregate Contributions 6/30/23 MI Mounds	retired		retired				
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order Date Received Aggregate Contributions 6/30/23 1000 Last Name First Paul	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a can	iated with have a contract	e officer of a municipality with said municipality		unt of Contribution	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Last Name Mounds Date Received 6/30/23 1000 MI Paul	event reported in Section L1?	No If yes, indicate which branch or branches 💽 No					
Last Name Pirst Paul MI Mounds							
Mounds Paul	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/30/23 1000						
	Last Name	Fir	rst			MI	
Residential Street Address City State Zip Code	Mounds	Pa	aul				
	Residential Street Address	City			State	Zip Code	
1178 Silas Deane Highway Wethersfield CT 06109	1178 Silas Deane Highway	Weth	ersfield		СТ	06109	
Principal Occupation Name of Employer	Principal Occupation		Name of Employer				
VP Yale New Haven Health	VP		Yale New Haven He	ealth			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution 5000	or dependent child of a lobbyist? On does contributor or business he/she	does contributor or business he/she is associated with have a contract with said municipality				ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative	event reported in Section L1?	No If yes, indicate which branch or branches					
Method of Contribution: Date Received Aggregate Contributions				Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/3023 1000	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/3023	1000			
SUBTOTAL Section B — This Page 1500	SUB	тота	L Section B — This	Page 1500			
TOTAL of additional Section B Pages 69600	TOTA	L of ac	dditional Section B I	ages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 71060							

Section B ADDITIONAL PAGE 42 of 54

or dependent child of a lobbyist?	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		10, 10	
B. Remized Contributions from Individuals First Esmat	Fonfara for Hartford .			July 10 filing			
East Name Estant				\$360			
East Name Estant							
Residential Sweet Address 78 Burr Avenue City	B. Itemized Co	ntrib	utions from Individ	duals			
Residential Street Address 78 Burt Avenue Principal Occupation DookKeeping Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No large and the second of the second	Last Name	Fi	rst				MI
Principal Occupation Superior Self-employer Self-emplo	Alam	E	smat				
Name of Employer Self-employed Self-empl	Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip	Code
Self-employed Self-employe	78 Burr Avenue	Midd	iletown		כד	064	457
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	Principal Occupation		Name of Employer				
or dependent child of a lobbyist?	bookkeeping		self-employed				
went reported in Section L1? Method of Countribution South Defendence Principal Occupation Present Defendence Principal Occupation P	or dependent child of a lobbyist? O No does contributor or business he/she		ciated with have a contract				f Contribution
Method of Contribution:	event reported in Section L1? No If yes, indicate which brai	nch or	branches	_ O No			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/30/23 500 Last Name Fichman Residential Street Address 38 Prattling Pond Rd Principal Occupation physician Last Name Fich Richard City Farmington Name of Employer Self State Occupation Solution Solution Solution Solution Solution Solution Solution CT 06032 Amount of Contribution Solution Solut		ct is wi			_		
First Firs							
Residential Street Address 38 Prattling Pond Rd Principal Occupation physician Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a sosciated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of Contribution: Cash Personal Check Occedit/Debit Card Payroll Deduction Money Order Principal Occupation Principal Occupation Mill Amount of Contribution Date Received Aggregate Contributions Government the contract is with: Executive Description Aggregate Contributions City Manchester	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	0/30/23	500			
38 Prattling Pond Rd Principal Occupation physician Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Principal Occupation Physician Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Principal Occupation President Is contributor a principal of a state contract with said municipality Pays, indicate which branch or branches of government the contract is with: Date Received Of 30/23 Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions		- 1					MI
Principal Occupation physician Self Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No late contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Occredit/Debit Card Payroll Deduction Money Order Rahman Principal Occupation Principal Occupation Principal Occupation Principal Occupation President Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Occredit/Debit Card Payroll Deduction Money Order Rahman Residential Street Address 6 Penny Ln Principal Occupation President Is contributor is in excess of \$400 to a candidate for a chief executive officer of a municipality, advantage and municipality valued at more than \$5,000? No Occupation Name of Employer Anushka Inc Amount of Contribution Amount of Contribution The Contribution of Contribution of Contribution of a state contractor? Principal Occupation r out in secess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with an output of the state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contribution or principal of a state contractor or prospective state contractor? Yes Occupation Amount of Contribution of Contribution or principality, does contribution or principal of a state contractor or prospective state contractor? Yes Occupation Occupation No Occupation Occupation No Oc	Residential Street Address	City			State	1 '	
Self	38 Prattling Pond Rd	Farm	nington		CT	06	032
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, 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? Method of Contribution: Cash OPersonal Check Credit/Debit Card OPayroll Deduction Money Order Last Name Residential Street Address 6 Penny Ln Principal Occupation president Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a sasociated with an O Yes Is contributor a principal of a state contractor or prospective state contractor? Principal Occupation Principal O	Principal Occupation		Name of Employer				
or dependent child of a lobbyist?	physician		self				
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Last Name Rahman Residential Street Address OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Residential Street Address OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Residential Street Address OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Residential Street Address OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Residential Street Address OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Residential Street Address OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Residential Street Address OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order No No Residential Street Address OCity Manchester Name of Employer Anushka Inc Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No No No N	or dependent child of a lobbyist? O No does contributor or business he/she	es contributor or business he/she is associated with have a contract with said municipality ued at more than \$5,000? Yes No				Amount of Contribution 500	
Method of Contribution: Cash Personal Check © Credit/Debit Card Payroll Deduction Money Order 6/30/23 1000 Last Name Rahman Residential Street Address 6 Penny Ln Principal Occupation president Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State Vip Code CT 06040 Name of Employer Anushka Inc Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes	event reported in Section L1?	ndicate which branch or branches O No					
Cash OPersonal Check Occedit/Debit Card OPayroll Deduction Money Order 6/30/23 1000 Last Name Rahman Residential Street Address 6 Penny Ln Principal Occupation president Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and oes 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 Yes Is contributor a principal of a state contractor or prospective state contractor? Yes MI MI MI MI MI Amount of Code Contribution 1000							
Last Name Rahman Residential Street Address 6 Penny Ln Principal Occupation president Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves Ves Ves Ves Ves Ves Ves Ves Ves Ve		/ Order	1 1 1				
Residential Street Address 6 Penny Ln Principal Occupation president Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? MD City Manchester City Manchester Name of Employer Anushka Inc Name of Employer Anushka Inc Amount of Contribution Amount of Contribution 1000							Тмі
6 Penny Ln Principal Occupation president Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes O6040 Name of Employer Anushka Inc Amount of Contribution Amount of Contribution Yes Is contributor a principal of a state contractor or prospective state contractor? Yes		- 1					
6 Penny Ln Principal Occupation president Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes O6040 Name of Employer Anushka Inc Amount of Contribution Amount of Contribution Yes Is contributor a principal of a state contractor or prospective state contractor? Yes		lCity			State	Zip	Code
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an O Yes Is contributor a principal of a state contractor or prospective state contractor? OYes			chester		1	1 1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes	Principal Occupation		Name of Employer			-	
or dependent child of a lobbyist?	president		Anushka Inc				
Is this contribution associated with an Q Yes Is contributor a principal of a state contractor or prospective state contractor? QYes	or dependent child of a lobbyist? O No does contributor or business he/she	ld of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality			of Contribution		
If yes, list Event # of government the contract is with:	event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive O Legislative					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 6/30/23 Aggregate Contributions 1000		y Order		1			
SUBTOTAL Section B — This Page 2000	SUB'	TOT/	AL Section B — This	Page 2000			
TOTAL of additional Section B Pages 69600	TOTA	Lofa	dditional Section B I	Pages 69600			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 71060							

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NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			July 10 filing				
A. Total Contributions from Sm (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$360			
Last Name	B. Itemized Cor		utions from Indivi	duals			MI
Grossbard		N	Moshe				
Residential Street Address		City	cov.		State	1	Code 952
15 Melnick Dr		Mons			NY	10	952
Principal Occupation real estate			Name of Employer Brick Realty Manage	ement			
	If contribution is in excess of \$400	to a gar			, I A		of Contribution
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?				500	unti	or Contribution
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	ich or l	branches	e contractor? Yes OLegislative			
If yes, list Event # Method of Contribution:	of government the contrac	t is wit	Date Received	Aggregate Contributions	-		
Ocash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order		500			
Last Name		Fia			-		МІ
Guttman		N	1enachem				
Residential Street Address	***	City			State	Zip	Cođe
1247 49th St	-	Broo	klyn		NY	11	219
Principal Occupation			Name of Employer	•			
real estate			Brick Realty Manag	ement			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or	branches _	te contractor? Yes No			
Method of Contribution:	- Bo		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	6/30/23	500			
Last Name		- 1	rst		•		MI
Schooley		S	cott				
Residential Street Address	٠.	City Hartí	fau.d		State	1 1	Code
6 Woodside Circle		Haru			СТ	100	5105
Principal Occupation investment			Name of Employer Woodside Capital A	Management LLC			
	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo		of Contribution
	Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative						
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order	6/30/23	750			
	SUBT	OTA	AL Section B — This	Page 1250			
	TOTAI	ofa	dditional Section B I	ages 69600			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Fonfara for Hartford		July 10 filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$360				
B. Itemized Co	ntrib	utions from Individ	duals	2.5%	eria da ala ala		
Last Name	Fi	rst			MI		
Jefferson	١	Michael					
Residential Street Address	City			State	Zip Code		
290 Bellevue Rd	New	Haven		ст	06511		
Principal Occupation		Name of Employer					
attorney		self-employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One dependent child of a lobbyist?					unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order		250				
Last Name	Fi	rst			MI		
Peterson	A	lex					
Residential Street Address	City			State	Zip Code		
26 Robin Rd Apt 3	West	t Hartford		СТ	06119		
Principal Occupation	.1	Name of Employer			,		
government affairs		Director of Governr	ment Affairs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract O Yes O No	e officer of a municipality with said municipality	/, Amo	unt of Contribution		
event reported in Section L1? On No If yes, indicate which bra	eported in Section L1?						
Method of Contribution:	OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order 6/30/23 100						
Last Name		irst	100		MI		
Gentile	- 1	Steve					
Residential Street Address	City			State	Zip Code		
45 Railroad Ave	Wes	t Haven		ст	06526		
Principal Occupation	•	Name of Employer		***************************************			
self-employed, marketing		Pinpoint					
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No					unt of Contribution		
event reported in Section L1?	on associated with an Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches						
Method of Contribution: Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order		500				
SUB*	TOTA	AL Section B — This	Page 850				
TOTA	Lofa	dditional Section B I	ages 69600				
TOTAL OF ALL CONTRIBUTIONS FRO							
(Enter total on Line 13, Column A of Summary Page Totals)							

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of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	A 190 400		
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$360			
		·				
B. Itemized Co	ntril	butions from Individ	luals			
Last Name	Ī	First				MI
Sharkey		Brendan				
Residential Street Address	City			State	Zip (Code
508 West Lake Avenue	Guil	lford		СТ	064	137
Principal Occupation		Name of Employer				
attorney		self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 6/30/23	100			
Last Name	I	First		_		MI
Malone		Jude				
Residential Street Address	City			State	Zip (Code
200 River Rd	Mys	stic		СТ	063	355
Principal Occupation		Name of Employer		•	•	
government relations		CT Beer Wholesaler	s Association			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract Yes O No	e officer of a municipality with said municipality	y, Amo		f Contribution
event reported in Section L1?						
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney						
Last Name	1	First				MI
Sandler		James				
Residential Street Address	City			State	Zip	Code
800 Cottage Grove Rd 322	Blo	omfield		СТ	060	002
Principal Occupation		Name of Employer	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
attorney		Sandler Mara PC				
If contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No 100				f Contribution		
event reported in Section L1?	orted in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive O Legislative					
Method of Contribution: Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 6/30/23	600			
SUB	тот	AL Section B — This	Page 450			
TOTA	Lof	additional Section B F	Pages 69600			
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A				
(Emerioun on Line	ں ود د	ошин л ој эмпинију г иде	2 VI460)			

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of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT							
Fonfara for Hartford	July 10 filing								
A. Total Contributions from Small Contributors-Recei	\$360								
	ontributions from Indiv	/iduals							
Last Name	First		MI						
Bixon	Harvey								
Residential Street Address	City		State Zip Code						
46 Canterbury Rd	Hamden CT 06514								
Principal Occupation	Name of Employer								
scrap metal consultant	Sims Metals								
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?		ct with said municipality	Amount of Contribution 500						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor.		ate contractor? Yes e OLegislative							
Method of Contribution:	Date Received	Aggregate Contributions	1						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order 6/30/23	500							
Last Name	First		MI						
Meade	Paul								
Residential Street Address	City		State Zip Code						
373 Main St	Wethersfield		CT 06109						
Principal Occupation	Name of Employer	··········	•						
lawyer	Halloran Sage								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?		ct with said municipality	Amount of Contribution 250						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the contributor approximation of government the contributor.		tate contractor? Yes No							
Method of Contribution:	Date Received	Aggregate Contributions	1						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order								
Last Name	First		MI						
Alvarado	Frank								
Residential Street Address	City		State Zip Code						
294 Myrtle Oak Court	Saint Augustine		FL 32092						
Principal Occupation	Name of Employer								
retired	retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	0 to a candidate for a chief execute is associated with have a contra	ct with said municipality	Amount of Contribution						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which be of government the contributor.		⊙ №							
Method of Contribution:	Date Received	Aggregate Contributions	7						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order 6/30/23	100							
SUI	3TOTAL Section B — Th	is Page 850							
TOTA	AL of additional Section B	Pages 69600							
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INDIVIDUALS (Section e 13, Column A of Summary Pag		CHICAN THE CONTRACT OF THE CON						

Section B ADDITIONAL PAGE 47 of 54

or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality	-									
Substitutions for definition of Small Contributions Substitutions Substi										
Residential Street Address 12204 Rocky Run Rd City State										
Residential Street Address 12204 Rocky Run Rd City State										
Residential Street Address 12204 Rocky Run Rd Principal Occupation Attorney-Advisor 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 forgovernment the contract is with: Method of Contribution: Cash Personal Check **Ocredit/Debit Card** Describing a Residential Street Address 387 Wells Rd Principal Occupation Residential Street Address 387 Wells Rd Principal Occupation Residential Street Address										
Residential Street Address 12204 Rocky Run Rd Principal Occupation Attorney-Advisor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is contributor or business he/she is associated with have a contract or prospective state contractor? No Is contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order City Residential Street Address 387 Wells Rd Principal Occupation Residential Street Address 387 Wells Rd Principal Occupation General Contractor Is contributor a principal of a state contractor or prospective state contractor Principal Occupation General Contractor State Zip Code VA 22407 Zador Zip Code VA Amount of Contribution: Date Received of a municipality, of government the contract is with. Date Received of Contributions Ocash OPersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order City Wethersfield Name of Employer State Zip Code Zip Code Amount of Contributions Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order State State State State Contributions Ocash Opersonal Check Occupation General Contractor State State State State Contributions Ocash Opersonal Check Occupation General Contractor State State State Contributions Ocash Opersonal Check Occupation General Contractor State State State Contributions Ocash Opersonal Check Occupation General Contractor State State State Contributions Ocash Opersonal Check Occupation General Contractor State State Contributions No Ocash Opersonal Check Occupation State State Contributions Ocash Opersonal Check Occupation State State Contributions Ocash Opersonal Check Occupation Ocash Opersonal Check										
12204 Rocky Run Rd Principal Occupation Attorney-Advisor 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? Ocash Opersonal Check Occedit/Debit Card Opayroll Deduction Money Order Citino Residential Street Address 387 Wells Rd Principal Occupation General contractor Fredericksburg Name of Employer Federal Energy Regulatory Commission Federal Energy Regulatory For Energy Regulatory Franch Frank Frank Federal Ener										
Name of Employer Federal Energy Regulatory Commission	***************************************									
Attorney-Advisor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with. Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money Order Last Name Citino Principal Occupation general contractor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Name of Employer Self-employed Name of Employer self-employed Amount of Contributor of Ocontributions of a candidate for a chief executive officer of a municipality, of does contributor or business he/she is associated with have a contract with said municipality, of does contributor or business he/she is associated with have a contract with said municipality. Amount of Contributor of Ocontributor of Ocontributor or business he/she is associated with have a contract with said municipality. Amount of Contributor of Ocontributor or business he/she is associated with have a contract with said municipality. Amount of Contributor of Ocontributor or business he/she is associated with have a contract with said municipality.										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No later 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: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order Last Name Citino Residential Street Address 387 Wells Rd Principal Occupation general contractor Is contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and on the contract of the contrac										
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions										
event reported in Section L1? Method of Contribution:	bution									
Method of Contribution: OCash Personal Check OCredit/Debit Card Payroll Deduction Money Order 6/30/23 100 Last Name Citino Residential Street Address 387 Wells Rd Principal Occupation general contractor State Zip Code Wethersfield CT 06109 Principal Occupation general contractor State City October Self-employed Name of Employer self-employed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality, does contributor or business he/she is associated with have a contract with said municipality										
Cash OPersonal Check										
Citino Residential Street Address 387 Wells Rd City Wethersfield CT O6109 Principal Occupation general Contractor Residential Street Address State City O6109 Name of Employer self-employed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No										
Residential Street Address 387 Wells Rd Principal Occupation general contractor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No No No N										
387 Wells Rd Wethersfield CT 06109 Principal Occupation general contractor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No Wethersfield Name of Employer self-employed Name of Employer self-employed Amount of Contractor No No No No No No No No No										
Principal Occupation general contractor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Name of Employer self-employed Yes of 400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality	*****									
general contractor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality. Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality.										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a contribution of the contribution of the contribution of the contribution of the contributor or business he/she is associated with have a contract with said municipality. Amount of Contribution of Contribution or business he/she is associated with have a contract with said municipality.										
or dependent child of a lobbyist? 💽 No does contributor or business he/she is associated with have a contract with said municipality										
valued at more than \$5,000? OYes ONo 1000	Amount of Contribution									
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches										
If yes, list Event # Of government the contract is with: Executive C Legislative										
Method of Contribution: Date Received Aggregate Contributions										
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/30/23 1000										
Last Name First MI										
Larkin Courtney										
Residential Street Address City State Zip Code										
18 Grist Mill Rd Glatonbury CT 06033										
Principal Occupation Name of Employer										
lobbyist Travelers										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of Standard 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 is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? No 100	bution									
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 O Legislative										
Method of Contribution: Date Received Aggregate Contributions										
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/30/23 350										
SUBTOTAL Section B — This Page 1200										
TOTAL of additional Section B Pages 69600										
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 71060										

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$360					
B, Itemized Co	ntrib	outions from Individ	duals			
Last Name	Fi	irst			MI	
Shea	T	imothy				
Residential Street Address	City			State	Zip Code	
7 Hathway Rd	Eiling	gton		CT	06029	
Principal Occupation		Name of Employer			•	
lobbyist		Brown Rudick				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which branches the section L1?	nch or	branches	_ (9 No			
If yes, list Event # of government the contract	et is Wi	th: OExecutive	O Legislative	4		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		Aggregate Contributions 500			
Last Name	Fi	irst		·	MI	
Mercado	A	Airiam				
Residential Street Address	City			State	Zip Code	
65 Roslyn St	Hart	ford		СТ	06106	
Principal Occupation		Name of Employer		<u>I</u>		
director		PequeninCMRA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra-	nch or	branches	e contractor? Yes			
Method of Contribution:	01 10 11	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/30/23	500			
Last Name	F	irst			MI	
Gonzalez		Guillermina				
Residential Street Address	City			State	Zip Code	
97 Amity St	Hart	ford		СТ	06106	
Principal Occupation	1	Name of Employer		1		
state representative		State employee				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a If yes, indicate which brain of government the contract.	nch or	branches	e contractor? O Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	Date Received 6/30/23	Aggregate Contributions 350			
		AL Section B — This	Page 1000	<u> </u>		
		dditional Section B P				
TOTAL OF ALL CONTRIBUTIONS FROM	M INE	DIVIDUALS (Sections A	V+B) 71060			
(Enter total on Line	13, Co	lumn A of Summary Page!	Totals) 1000			

Section B ADDITIONAL PAGE 49 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Fonfara for Hartford J			July 10 filing						
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	\$360								
B. Itemized Co	ontrib	utions from Individ	duals						
Last Name	Fi	irst			MI				
Tufano	J	effrey			P				
Residential Street Address	reet Address City State Zip Code								
38 Paper Chase Dr	Farm	nington		СТ	06032				
Principal Occupation		Name of Employer							
Finance Manager		TASCA Ford							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of the property o			with said municipality	, Amou	ant of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a fixed by the section of government the contributor aprincipal of a fixed by the section L1?	anch or	branches _	e contractor? Yes No OLegislative						
The state of the s	aut 13 111	Date Received	Aggregate Contributions	-					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMondo	ey Order		100						
Last Name	Fi	irst			МІ				
Tufano	S	Sarah			A				
Residential Street Address	City			State	Zip Code				
38 Paper Chase Dr	Farm	nington		CT	06032				
Principal Occupation		Name of Employer							
Sales		Real Estate Sales							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$4000 does contributor or business he/sh valued at more than \$5,000?	0 to a ca ie is asso	ndidate for a chief executive ciated with have a contract O Yes O No	e officer of a municipality with said municipality	Amoi	Amount of Contribution				
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which by	ranch or	branches	_ O No						
If yes, list Event # of government the contra	ract is w	Date Received	Legislative Aggregate Contributions	4					
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	au Ordar		100						
Last Name		irst	100		MI				
Feltman	- 1	Howard			В				
Residential Street Address	City			State	Zip Code				
5050 Kestral Park Way S	Sara	sota		FL	34231				
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 \$40 does contributor or business he/sh valued at more than \$5,000?				, Amo	unt of Contribution				
event reported in Section L1?	ntribution associated with an or No Yes								
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMono	ev Order	Date Received 6/30/23	Aggregate Contributions 250						
SUB	STOT/	AL Section B — This	Page 450						
ТОТА	Lofa	dditional Section B F	Pages 69600						
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INI e 13, Co	DIVIDUALS (Sections A lumn A of Summary Page	(1 + B) Totals) 71060						

Section B ADDITIONAL PAGE 50 of 54

NAME OF COMMITTEE (Provide Complete Name a.	s Registered with Filing Repository)			TYPE OF REPORT	See See Supplement		
Fonfara for Hartford				July 10 filing			
A. Total Contributions from Sma (See instructions for definition of Small Con-			is Period ONLY OTAL SECTION A	\$360			
Last Name	B. Itemized Cor	ntribu Firs	itions from Individ	duals			MI
Hanley		M	ichael				
Residential Street Address		City			State	Zip C	ode
51 Summerberry Rd		Bristo	.		C	060)10
Principal Occupation			Name of Employer				
Retired			Retired				
or dependent child of a lobbyist? O No de	f contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?				500	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ich or b	ranches	CLegislative Yes			
Method of Contribution:	1 0		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	6/30/23	500			
Last Name		Fire	st.				MI
Cristofaro		Vi	ctor				
Residential Street Address		City	·		State	Zip (Code
87 Barry Place		Rocky	/ Hill		CT	060)67
Principal Occupation			Name of Employer				
School Principal			Hartford Public Sch	ools			
or dependent child of a lobbyist? O No de	f contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?				, Amo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a If yes, indicate which brate of government the contract	nch or t	branches	e contractor? Yes			
Method of Contribution:	1		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	5/8/23	500			
Last Name	Miller St. 111	Fir					МІ
Cloud Jr		Sa	anford 				
Residential Street Address		City			State	Zip (
795 Prospect Ave Apt C3		west	Hartford		СТ	061	105
Principal Occupation Attorney At Law			Name of Employer Self Employed				
or dependent child of a lobbyist? ONO d	f contribution is in excess of \$400 loes contributor or business he/she valued at more than \$5,000?				', Amo		f Contribution
Is this contribution associated with an event reported in Section L1? **Moderate Contribution** No If yes, list Event # 1		nch or b	oranches _	_ ONo			
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card	i OPayroll Deduction OMoney	Order	Date Received 5/8/23	Aggregate Contributions 1000			
	SUBT	ГОТА	L Section B — This	Page 1600			
	TOTAL	of ac	lditional Section B I	ages 69600			
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page				

Section B ADDITIONAL PAGE 51 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			salagogo az Atosa
Fonfara for Hartford	July 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	21,322,533,132,53	his Period ONLY FOTAL SECTION A	\$360			
		-				
B. Itemized Co	ntril	butions from Individ	duals			
Last Name	- 1	First				MI
Fox		Thomas				
Residential Street Address	City State Zip C					
39 Main St	Wet	thersfield		CT	06	109
Principal Occupation		Name of Employer				
Sales		Lighting Affiliates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of State o	to a c	andidate for a chief executive ociated with have a contract OYes ONo	e officer of a municipality with said municipality	7, Ame		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, indicate which bree of government the contraction of the contraction	anch o	r branches	e contractor? Yes O Legislative			
Method of Contribution:	101 15 11	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde		250			
Last Name	I	First				MI
Taylor	- 1	Alvin				E
Residential Street Address	City			State	Zip	Code
15 Regency Dr, Apt 1	Bloc	omfield		CT	06	002
Principal Occupation	1	Name of Employer		1		
Retired		Retired				_
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a lifyes, indicate which broof government the contributor.	anch o	r branches	e contractor? Yes No Legislative			
Method of Contribution:	401 10 1	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	5/8/23	100			
Last Name	-	First				MI
Colite		Lauren				В
Residential Street Address	City			State	Zip	Code
150 W Ridge Dr	Wes	st Hartford		CT	06	117
Principal Occupation		Name of Employer				
Doctor		West End Eye Care				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?				/, Am		of Contribution
event reported in Section L1? O No If yes, indicate which bra						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 5/8/23	100			
SUB	тот	AL Section B — This	Page 450			
TOTA	Lof	additional Section B P	Pages 69600			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A			·······	<u> Language</u>
	890 A AZ					

Section B ADDITIONAL PAGE 52 of 54

NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Filing Repository)			TYPE OF REPORT	and.a			
Fonfara 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				\$360				
	B. Itemized Con-	tribu	itions from Individ	duals				
Last Name		Firs				MI		
Lombardi		Mi	ichael 					
Residential Street Address	1	ity			State	Zip Code		
116 Chapman Rd		viarib	orough		СТ	06447		
Principal Occupation			Name of Employer					
casino employee			Foxwoods Resort C	asino				
or dependent child of a lobbyist? O No does cor	ibution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?				, Amo	Amount of Contribution 50		
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	contributor a principal of a sta If yes, indicate which branc of government the contract	ch or b	ranches	CLegislative Yes				
Method of Contribution:			Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPa	ayroll Deduction OMoney (Order	5/8/23	50				
Last Name		Firs	st			MI		
Sisco		Br	enda			L		
Residential Street Address	1	ity			State	Zip Code		
10 Brockway Rd	E	Elling	ton		CT	06029		
Principal Occupation			Name of Employer			•		
Lobbyist			Reynolds Strategy (Group (RSG)				
or dependent child of a lobbyist? O No does cor	ibution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?				, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? We see the section L1? We see the section L1?	contributor a principal of a st If yes, indicate which bran- of government the contract	ch or t	branches	te contractor? Yes				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPa	ayroll Deduction OMoney (Order	5/9/23	250				
Last Name	0000000	Fir	st			MI		
Shortell		Pa	atrick					
Residential Street Address	C	lity			State	Zip Code		
60 Hyde Rd		West	Hartford		СТ	06117		
Principal Occupation			Name of Employer			•		
Lobbyist			Hillside Strategies					
or dependent child of a lobbyist? No does con	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?					Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # J	contributor a principal of a st If yes, indicate which brane of government the contract	ch or b	oranches _	e contractor? O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPa	ayroll Deduction OMoney (Order	5/9/23	100				
	SUBT	OTA	L Section B — This	Page 400				
	TOTAL	of ac	lditional Section B I	Pages 69600				
TOTAL OF ALL CO	ONTRIBUTIONS FROM (Enter total on Line 1.)		IVIDUALS (Sections A					
	ianner mine un melle I.		12 03 0000000000000 1 050	7 T T T T T T T T T T T T T T T T T T T				

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford J				July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY DTAL SECTION A	\$360			
	B. Itemized Co.	atribi	utions from Indivi	duals			
Last Name	and a first second an analysis and a second and a second s	Fir	st			МІ	
Amenta		A	nthony				
Residential Street Address		City			State	Zip Code	
242 Trumbull St		West	Hartford		CT	06103	
Principal Occupation Name of Employer							
Architect			Amenta Emma				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or t	oranches	e contractor? Yes OLegislative			
Method of Contribution:	of government the contract		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/9/23	500			
Last Name Ward		Fir D	st eVaughn			MI	
Residential Street Address		City			State	Zip Code	
PO Box 2183		Hartf	ord		t	06145	
Principal Occupation			Name of Employer			-	
Attorney			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribution 500		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra: of government the contract	nch or	branches	e contractor? SYes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/6/23	500			
Last Name		Fir	st	* * **********************************		MI	
Shipley		P	avid			ŀ	
Residential Street Address		City			State	Zip Code	
226 Water Oak Ct		Kure	Beach		NC	28449	
Principal Occupation			Name of Employer	1 10 11 11 11 11 11 11 11 11 11 11 11 11		_	
Healthcare Consulting			Collaborative Healt	hcare Initiatives			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Am o	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant which brain of government the contract	n <mark>ch or</mark> l	branches	e contractor? O Legislative			
Method of Contribution:	1		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/29/23	550		<u>, </u>	
	SUBI	ГОТА	L Section B — This	Page 1050			
			dditional Section B F				
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page				

Section B ADDITIONAL PAGE 54 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Established and restriction on the contract of	TYPE OF REPORT			
Fonfara for Hartford	July 10 filing				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) S	ed this Period ONLY SUBTOTAL SECTION A	\$360			
B. Itemized Cor	itributions from Indivi	duals			
Last Name Ward	Pirst DeVaughn		MI		
	City		State Zip Code		
419 Keoniana St	Honolulu		HI 96815		
Principal Occupation	Name of Employer				
Attorney	Ward Law LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Oves ONo	with said municipality	Amount of Contribution 500		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac		e contractor? Yes OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		1000			
Last Name	First		MI		
Residential Street Address	City		State Zip Code		
Principal Occupation	Name of Employer	I.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a significant which brain of government the contract of government the contract.		e contractor? SYes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			•		
Last Name	First		MI		
Residential Street Address	City		State Zip Code		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which branches of government the contraction.	t is with: O Executive	e contractor? SYes O Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Date Received	Aggregate Contributions			
SUBT	OTAL Section B — This	Page 500			
TOTAL	of additional Section B I	ages 69600	······································		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	1 INDIVIDUALS (Sections / 13, Column A of Summary Page				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMI	TIEE (Provide Complete	Name as Registered v	ith Filing Reposit	ory)		TYPE OF REPORT				
Fonfara for Hartf	Fonfara for Hartford July 10 filing									
C1. Contributions from Other Committees										
Name of Committee Connecticut Asse	ociation of Optome	etrists Political <i>i</i>	Action Comn	nittee Acct.	Name of Treasu David Palo					
Address				Is this contril	Ution associate	d with an Oyes ONo	Amount of	Contribution		
4 Carolyn Cir				event reporte	d in Section L1	? st Event #	500			
City		State	Zip Code	Date Recei	ved	Aggregate Contributions				
Ellington		СТ	06029	05/30/2	023	500				
Name of Committee Name of Treasurer										
THIRD STREET PA	AC .				Shirley Sky	ers-Thomas				
Address				Is this contril	oution associate	d with an Yes No	Amount of	Contribution		
8 Horseshoe Hill	Rd			event reporte	d in Section L1' <i>If yes</i> , lis	7 st Event #	500			
City		State	Zip Code	Date Recei		Aggregate Contributions				
Bethany		СТ	06524	6/30/23		1500				
Name of Committee		·	•	•	Name of Treasu	rer	•			
Address		**************************************			d in Section L1	d with an Yes No?	Amount of	Contribution		
City		State	Zip Code	Date Recei		Aggregate Contributions	-			
	a n									
Name of Committee		ennoursemen	ra or 2m.br	us Distribu	Name of Treasu	other Committees				
Address				City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type					Amount	of Receipt		
		OReimbursem	ent for shared ex	xpense OSt	ırplus Distributi	on				
Description	-									
Name of Committee					Name of Treasu					
Name of Committee					Ivanic of freaso	исі				
				Lav			104.4	Zin Codo		
Address				City			State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type		I			Amount	of Receipt		
	13 - 41	O Reimburse	ment for shared	expense O	Surplus Distrib	ution				
Description										
			SUBTO	TAL Section	n C — This	Page 1000				
			TOTAL	of additional	Section C I	Pages 0				
		ALL COMMIT	TEE CONTI	RIBUTIONS	AND RECE	EIPTS 1000				
	(Sections	C1 + C2) (Enter i	otal on Line 14	, Column A of .	Summary Page	Totals)				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT							
Fonfara for Hartford			July 10 filing				
	L1. Event	Information					
Event # Date of Event Letter 5/8/23	Salute Restaurant			1	is a fun Yes	draising event?	
Location: Street Address		City		Sti	ate	Zip Code	
100 Trumbull Street		Hartford		(cτ	06103	
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section L Associated with a Hor purchases made by hos	5 In-Kind Donations nouse Party and complete st(s) for food, beverage a	e require	ed infori		
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Cons	idered (Contributions	
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec	eripts here.)	\$			
	nittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	OYes (If yes, go to Section L	Committees) 3 Purchases of Adverti plete required informa		ace in a l	Program Book	
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	ceipts here.)	\$			
Event # Date of Event Letter 5/9/23 J	Description Officer's Club of Connecticut				nis a fun Yes	draising event?	
Location: Street Address		City		St	ate	Zip Code	
360 Broad Street		Hartford		C	T.	06105	
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No					
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No					
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$			
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	nittees other than Exploratory O Yes (If yes, go to Section L			ace in a	Program Book	
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	reipts here.)	\$			
SUBTOTAL Section	on Ll—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0				
		on L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —					
		TOTAL of additional Section	n Li Pages 0				
		IPTS FROM SMALL PU Line 16a, Column A of Summar					

Section L1. ADDITIONAL PAGE 1 of 1

	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Fonfara for Hartford July 10 filing								
	L1, Even	Information						
Event#	Description	A TOTAL COMMITTER OF THE PROPERTY OF THE PROPE	10, 00, 10, 10, 10, 10, 10, 10, 10, 10,	Was this a fin	ndraising event?			
Date of Event Letter Jun 30, K	Heirloom Market at Comstock Ferre	nstock Ferre						
Location: Street Address		City		O Yes	O No Zip Code			
		1 1			•			
263 Main Street		Wethersfield		CT	06109			
Subpart 1: (All Committ	· ·	_						
Was this event hosted at a	personal residence?	OYes (If yes, go to Section L.						
			ise Party and complete t(s) for food, beverage a		mation for any			
		⊙ No	,	,				
	e goods or services donated by a business entity	Yes (If yes, go to Section L		ot Considered	Contributions			
of up to \$200 or items do	nated by an individual of up to \$100?	and complete required No	information.)					
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	einta hara)					
with purchases from an in		Tes (1) yes, enter I biai Rec	erpis nere.)	\$				
		⊙ No						
	ittees, Municipal Candidates and Political Comn							
sign associated with this	advertising space in a program book or on a	Yes (If yes, go to Section L.	3 Purchases of Adverti olete required informa		Program Book			
bigii abboolatea 177111 tilib	and albert.	O No	proto required informa	cion.,				
Subpart 3: (Town Comn								
	food or beverage at a fair or similar mass	O Yes (If yes, enter Total Rec	eipts here.)	\$				
gathering held within the	state with this fundraiser?	⊙ No						
Event #	Description							
Date of Event Letter				_	ndraising event?			
				O Yes	O No			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committe	ees)				<u> </u>			
Was this event hosted at a	personal residence?	OYes (If yes, go to Section L.						
		Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)						
		O No	.(v) xv: 100u, 0010sugt u					
Did this fundraiser includ	e goods or services donated by a business entity	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions						
of up to \$200 or items do	nated by an individual of up to \$100?	and complete required information.)						
		O No						
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items	Yes (If yes, enter Total Rec	eipts here.)	\$				
with perchases from all h	to the state of th	O No		Ψ				
	ittees, Municipal Candidates and Political Comn							
Were there purchases of a sign associated with this to	dvertising space in a program book or on a	O Yes (If yes, go to Section L.	3 Purchases of Adverti olete required informa		Program Book			
sign associated with this	undiaisei :	O No	note required informa	non.)				
Subpart 3: (Town Comn	nittees ONLY)							
	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	\$				
gathering held within the	state with this fundraiser?	ONo	ĺ.	*				
			m) 5 0					
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0					
	SUBTOTAL Secti	on L1—Subpart 3 <i>(Town Commi</i> t	ttees ONLY)					
	Total Recei	pts from Food Purchases —	This Page					
		TOTAL of additional Section	Li Pages 0					
		IPTS FROM SMALL PUI Line 16a, Column A of Summary						

II. EVENT ACTIVITY (Sections L1—L5)

	(Provide Complete Name as Registere	ed with Filing Reposito	(קיי)		TYPE OF REPO	RT		
Fonfara for Hartford					July 10 filing			
	L3. Purchases	s of Advertisin	ng in a Prograi	m Book or c	n a Sign			
Name of Purchaser						Purchase	e Made By:	
DBS Energy Inc						Ξ	siness Entity ividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
30 Sebethe Dr			Cromwell				CT	06416
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise A	Amount of Sig	gn Purchase
6/2/23	К	250		250				
Name of Purchaser P					Purchase	Made By:		
F&F Distributors, Inc.						_	siness Entity ividual/Sole P.	Other conrietorship
Street Address			City				State	Zip Code
31 Eastern Ave			New London			CT 06320		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se /	Amount of Sig	n Purchase
6/22/23	К	250		250				
Name of Purchaser				_	chase Made By:			
Levine Distributing Company				_	siness Entity ividual/Sole P	Other roprietorship		
Street Address			City				State	Zip Code
15 Stott Ave			Norwich				ст	06360
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise A	Amount of Sig	gn Purchase
6/22/23	K	250		250				
Name of Purchaser						_	e Made By:	_
Merritt Healthcare Hold	dings LLC					_	siness Entity ividual/Sole P	Other roprietorship
Street Address	·		City				State	Zip Code
75 Danbury Rd B5			Ridgefield				СТ	06877
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se /	t Amount of Sig	n Purchase
6/27/23	К	250		250				
Name of Purchaser						Purchas	e Made By:	
Norwalk Surgery Cente	r				i	Ξ.	siness Entity ividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
40 Cross Street Ste 120			Norwalk				CT	06851
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se /	Amount of Sig	gn Purchase
6/27/23	К	250		250				
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	rogram Book -	— This Page 12	250		
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign -	— This Page 0			
TOTAL of additional Section L3 Pages 4750								
TOTAL	OF ALL PURCHASES O					000	<u>. </u>	
		(Enter total on .	Line 16c, Column	a of Summary	rage I otals)			•

Section L3. ADDITIONAL PAGE 1 of 4

NAME OF COMMITTEE	(Provide Complete Name as Registere	ed with Filing Reposito	(מ		TYPE OF REPO	RT			
Fonfara for Hartford July 10 fill									
	L3. Purchases	s of Advertisin	ig in a Progra	m Book or o	on a Sign				
Name of Purchaser						Purchase	Made By:		
Orthopaedic Specialty !	Surgery Center, LLC					_	iness Entity	Other	
C A.J			l av.			OInd	ividual/Sole P	 	
Street Address 40 Old Ridgebury Rd Su	uito 201		City				State	Zip Code	
40 Olu Magebury na st	ille 201		Danbury				СТ	06810	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise A	Amount of Sig	gn Purchase	
Jun 27, 2023	23 K 250 250								
Name of Purchaser				1		Purchase	Made By:		
Stamford ASC						Bus	iness Entity	Other	
			. .			Olndi	vidual/Sole P	·	
Street Address			City				State	Zip Code	
200 First Stamford Place	e 		Stamford				ст	06902	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	amount of Sig	gn Purchase	
Jun 27, 2023	К	250		250					
Name of Purchaser						Purchase	Made By:		
Hartford Metal Company LLC					_	usiness Entity Oother dividual/Sole Proprietorship			
Street Address			City				State	Zip Code	
30 Sebethe Dr			Cromwell				ст	06416	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se A	Amount of Sig	n Purchase	
Jun 27, 2023	к	250		250	er e		•	•	
Name of Purchaser						Purchase	: Made By:		
Murphy Road Recycling	, LLC					_	iness Entity	Other	
					4-14-4	OInd	vidual/Sole P		
Street Address 555 Taylor Road			City Enfield				State	Zip Code	
555 Taylor Road			Emileia				СТ	06082	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se A	amount of Sig	gn Purchase	
Jun 29, 2023	K	250		250	-				
Name of Purchaser				·		Purchase	Made By:		
Advantage Capital					,		iness Entity vidual/Sole P	Other roprietorship	
Street Address			City				State	Zip Code	
1194 Olive Hill Ln			Napa				CA	94558	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	n Purchase	
Jun 30, 2023	κ	250		250			·	,	
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in P	rogram Book -	— This Page 12	250			
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page 0									
					on L3 Pages 47	/50			
TOTAI	L OF ALL PURCHASES O		G IN A PROGR/ Line 16c, Column			000			

Section L3. ADDITIONAL PAGE 2 of 4

NAME OF COMMITTEE Fonfara for Hartford	(Provide Complete Name as Register	ed with Filing Reposite	nry)	July 10 filir	SOCIOCIA SE ACTUA CON PROPERTO			
roniala loi rialilolu					19			
Name of Purchaser	L3. Purchase	s of Advertisii	ng in a Progra	m Book or on a Sign	I nt	- Mada Davi		
	•				I _	Purchase Made By: Business Entity Other		
USA Hauling & Recycli	ng, Inc.				1 -	dividual/Sole I	_	
Street Address			City			State	Zip Code	
555 Taylor Road			Enfield			СТ	06082	
Date Received	Event #	Aggregate Purchases for All Events Amount of Program Ad Purchases			chase	Amount of Si	gn Purchase	
Jun 29, 2023	K	250		250				
Name of Purchaser	.1		W. 11. W. 11.		Purcha	se Made By:		
Camilliere, Cloud & Kennedy					1 =	usiness Entity dividual/Sole F	Other Proprietorship	
Street Address			City	State			Zip Code	
433 South Main Street	Suite 112		West Hartford			ст	06110	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	chase	Amount of Si	gn Purchase	
Jun 30, 2023	К	250		250				
Name of Purchaser					Purcha	se Made By:		
Bart1 Capital LLC					1 🛈	usiness Entity dividual/Sole I	Other Proprietorship	
Street Address			City			State	Zip Code	
30 Sebethe Dr			Cromwell			ст	06416	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	chase	Amount of Si	gn Purchase	
Jun 30, 2023	К	250		250				
Name of Purchaser					Purcha	se Made By:		
EMR Consulting, LLC					⊙ B₁	usiness Entity	Other	
-			T	•	Oln	dividual/Sole I	, 	
Street Address 71 Sycamore Rd			City West Hartford			State	Zip Code	
*			West Hartioid			СТ	06117	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pur	chase	Amount of Si	gn Purchase	
Jun 30, 2023	K	250		250				
Name of Purchaser					١ ــ	se Made By:	_	
Manchester Tobacco 8	& Candy Company				1 =	isiness Entity dividual/Sole F	OOther Proprietorship	
Street Address			City			State	Zip Code	
78 Sanrico Dr			Manchester			ст	06042	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	chase	Amount of Si	gn Purchase	
Jun 30, 2023	к	250		250				
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book — This Page	1250			
14 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	ing on a Sign — This Page	0			
			TOTAL of a	dditional Section L3 Pages	4750			
TOTA	L OF ALL PURCHASES O							
		Conter total on	Line 100, Column	A of Summary Page Totals)	<u> </u>			

Section L3. ADDITIONAL PAGE 3 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Fonfara for Hartford					July 10 filing			
	L3. Purchases	s of Advertisin	ig in a Prograi	m Book or c	n a Sign			
Name of Purchaser	de Clariforni (1900), en partir de la composició de la composició de la composició de la composició de la comp	eren erke breuserener van bewegt in begeven of transitie in betreet de verein een de verein de vereinde van de	r va 1 Till o g for general en reason af de la la fill of commis e la Till of 19 19 19 19 19.			Purchase	Made By:	
Oyster River, LLC						_	iiness Entity ividual/Sole P	Other
Street Address			City			<u> </u>	State	Zip Code
120 Colt Street			East Hartford				СТ	06118
Date Received	Event #	Aggregate Purchases	Aggregate Purchases for All Events Amount of			se A	Amount of Si	gn Purchase
Jun 30, 2023	K 250 250							
Name of Purchaser				·		_	: Made By:	_
Reynolds Strategy Group						_	iness Entity ividual/Sole P	OOther roprietorship
Street Address			City	State			State	Zip Code
71 Sycamore Rd			West Hartford				ст	06117
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	gn Purchase
Jun 30, 2023	K	250		250				
Name of Purchaser						_	Made By:	
Parker Street Properties, LLC					_	siness Entity ividual/Sole P	Other Proprietorship	
Street Address			City				State	Zip Code
120 Colt Street			East Hartford				ст	06118
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Si	gn Purchase
Jun 30, 2023	К	250		250				
Name of Purchaser	·					Purchase	Made By:	
Star Distributors Inc						_	siness Entity ividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
PO Box 1200			New Haven				ст	06505
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Si	gn Purchase
Jun 30, 2023	К	250		250				
Name of Purchaser						Purchase	Made By:	
G&G Beverage Distribut	tors, Inc					_	siness Entity ividual/Sole P	Other Proprietorship
Street Address			City			_	State	Zip Code
207 Church St			Yalesville				ст	06492
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Si	gn Purchase
Jun 30, 2023	К	250		250				
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 1250								
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page 0								
TOTAL of additional Section L3 Pages 4750								
TOTAL	OF ALL PURCHASES O		G IN A PROGRA			000		
		Enter wat on	Line 100, Column	а ој зиттигу	i age i viais) {			

Section L3. ADDITIONAL PAGE 4 of 4

NAME OF COMMITTE	EE (Provide Complete Name	as Registered with Filing Reposi	itory)	ТҮРЕО	REPOR	T		3.88.00		
Fonfara for Hartford				July 10	filing					
	L3. Pı	irchases of Advertis	ing in a Prog	ram Book or on a Sig	j n	765 (4D) (1 E S 816			
Name of Purchaser						Purchasi	e Made By:			
CT Government Rela	itions Group at Robi	nson&Cole			- 1	_	iness Entity ividual/Sole F	Other Proprietorship		
Street Address		· · · · · · · · · · · · · · · · · · ·	City		······································		State	Zip Code		
280 Trumbull St			Hartford	tford			ст	0103		
Date Received	Event #	Aggregate Purchas	Aggregate Purchases for All'Events Amount of Program Ad Pu			e A	Amount of Si	gn Purchase		
Jun 30, 2023	К	250		250						
Name of Purchaser			· .		- 1	_	Made By:	_		
ASCPSO LLC (Ambul	atory Surgery Ctr Pa	tient Safety Org LLC)				_	iness Entity vidual/Sole P	OOther roprietorship		
Street Address			City	State			Zip Code			
22 Avalon Dr			Avon				CT	06001		
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad	Purchas	e A	amount of Si	gn Purchase		
Jun 30, 2023	К	250		250						
Name of Purchaser	•					_	Made By:			
CAASC						_	iness Entity ividual/Sole F	OOther Proprietorship		
Street Address	·		City		·····	·····	State	Zip Code		
304 W Main St Ste 2			Avon				CT	06001		
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad	Purchas	e A	Amount of Si	gn Purchase		
Jun 30, 2023	К	250		250						
Name of Purchaser						Purchase	Made By:			
Connecticut Associat	tion of Health Plans,	Inc.			1	_	iness Entity vidual/Sole P	Other roprietorship		
Street Address		•	City				State	Zip Code		
280 Trumbull St			Hartford				СТ	06103		
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad	Purchas	e A	mount of Si	gn Purchase		
Jun 30, 2023	К	250		250						
Name of Purchaser					Ţ	Purchase	Made By:			
						OBus	iness Entity	Other		
					1	OIndi	vidual/Sole P	roprietorship		
Street Address			City				State	Zip Code		
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad	Purchas	e A	mount of Si	gn Purchase		
	SUBTOTAL Sect	ion L3 Total Purchases o	f Advertising in	Program Book — This P	age 100	00				
	SUBTOT	AL Section L3 Total Pur	chases of Adver	tising on a Sign — This P	age ()					
			TOTAL of	additional Section L3 Pa	ges 475	50				
ТОТ	AL OF ALL PURCH			RAM BOOK or ON A SI on A of Summary Page Tot.		00				
a, and a single-man agreement places and along a Colombia and Salah Malaysia. Salah	many transfer of the second se									

SEEC FORM 20 Redsed January 2015

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of	Payment:	
DSCC			5/11/23	O Check #110		
			12711723	O Debit		
Street Address		City		State	Zip Code	
750 Main St. Ste. 1	108-3	Harford		CT	06103	
Purpose of Expenditure	Description		Event #		Amount	
(by code) *MISC	CTVAN			800		
Expenditure # (if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control		lent tion <mark>OaOBOcOD</mark>			
Name of Payee			Date of Payment	Method of Payment:		
Threshold Group,	Inc.		6/23/23	Check		
Street Address		City		O Debit	Card © EFT Zip Code	
11 E 44th St Fl 3		New York		NY	Dip Code	
Purpose of Expenditure	Description		Event #		Amount	
(by code) CNSLT					Aulount	
CNSET				13000		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	hecked)			
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	·	ent ion OA OB OC OB			
Name of Payee			Date of Payment	Method of I		
Rene Martinez			6/30/23	Check O Debit		
Street Address		City		State	Zip Code	
493 Buckland Dr		Cheshire		ст	06410	
Purpose of Expenditure	Description		Event #		Amount	
(by code) REF				500		
			<u>,-,,</u>	300		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)			
	None of the below					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con					
Name of Payee	O coordinated without reminestatement bought (in this conti	Urganiza	tion A O B O C O D Date of Payment	Method of I	Darramant.	
_	10		1 '	Check	•	
Anedot	:		4/1/23-6/30/23	O Debit		
Street Address		City		State	Zip Code	
1340 Poydras Stre	et Suite 1770	New Orleans		LA	70112	
Purpose of Expenditure	Description		Event #		Amount	
(by code) *MISC	fees			2634		
Expenditure #	m cn v fantatisk til de Doubeles	J (ON) C41 L-1(C4-	-EEII)	1		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	ness "None of the below" is	спескеиј			
	None of the below Coordinated with reimbursement sought (joint expenditur	e) Independ	lent			
	Coordinated with reimbursement sought (in-kind contr	T	tionOA OB OC OD			
	S	UBTOTAL Section P —		1		
		TAL of additional Section				
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COM 19, Column A of Summary				

NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)		ТУРЕ О	REPORT			
Fonfara for Hartfo			July 10	filing			
	S. Expenses Incurred by Comi	mittee but Not Paid	During this	Period			
Name of Creditor					Date Incur	тed	
Salute					5/8/23		
Street Address		City	City			Zip Code	
100 Trumbull St		Hartford			CT	06103	
Purpose of Expenditure (by code)	Description		Event #			nount Incurred	
FOOD	Food at Fundraiser		1		1086.26		
Expenditure # (if applicable) 7	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	1086	o.26				
Name of Creditor					Date Incu	тed	
Officer's Club of C	Connecticut				5/9/23		
Street Address		City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State	Zip Code	
360 Broad St		Hartford			ст	06106	
Purpose of Expenditure	Description		Event #			ount Incurred	
(by code) FOOD	Food at Fundraiser	Food at Fundraiser J				(Estimate or Actual)	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)					341.93	
8	None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)		endent zation: OA O	в Ос Ор			
Name of Creditor	<u> </u>			******	Date Incur	тed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		9	nount Incurred timate or Actual)	
Expenditure #	Type of Expenditure (Itemization in Addendum S Required	unless "None of the below"	is checked)				
(ti Applicable)	None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 💍 Organi	endent ization: O4 O	в Ос Ор			
		SUBTOTAL Section	S-This Page	2428.19			
		FOTAL of additional Sec	ction S Pages	0			
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT ine 28, Column A of Summa		2428.19			
	Previously reported Ехр	oenses Unpaid and still O	utstanding	0			
	TOTAL OF ALL EXPENSES INCURREI (Enter total on Li	D BY COMMITTEE BU ne 28a, Column A of Summa	T NOT PAID ury Page Totals)	2428.19		•	