### **SEEC FORM 20**

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

Do Not Mark in This Space For Official Use Only

#### **COVER PAGE**

			Y		I GE				
1. NAME OF COMMITTEE									
Josh for Hartford									
2. TREASURER NAME						Control (CS)			3,000,070,000
First		MI		Last					Suffix
Camryn				Kessler					
3. TREASURER ADDRESS									
Street Address			City	- ,			State	Zip C	
73 Imlay St		Hartford CT					СТ	061	05
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	5. OFFICE SOUGHT (Complete only if Candidate Committee)						42400,404000,40500	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	City Council							(if applicabl	e)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		МІ		Last					Suffix
Josh				Michto	m				
8. TYPE OF REPORT (Check One Box)				(1) YE (2)			888		
O January 10 filing	7th day preced	ding primar	у	O7th	day preceding reference		Initial Cont	ribution o	or Disbursement
April 10 filing	◯30 days follow	ving primar	у	O45	days following reference	tum _	Amendmeņ	t to	3 0
July 10 filing	7th day preced	ding electio	n	ODe	ficit	7	ype of Rep	32	
October 10 filing	12th day preco			<b>O</b> Ter	mination		τ,	141-4 152 143	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n				•	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9. PERIOD COVERED								M.	 유 및
	Beginning Da	ite			Ending Date		د <sub>گۇ</sub> ر	A CONTRACTOR	<u> </u>
	January 23, 2023	3		thru	March 31, 2023				
-			_						
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe						on this <b>It</b> e	mized Car	npaign I	Finance
			A de la companya del companya de la companya del companya de la co	*** <sub>9</sub>	Vara	) _		41.	1
1 /Mn//L	and the second of		(/	am A	n BI	45		0411	<u> 27/abar</u>
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		PRIN	T NAME	OF SIGNER		<del>-</del>	DATE	(mm/dd/yyyy)
								(4) (5) (6)	
A nerson who is	found to have kn	owingly a	nd wi	Ilfully v	olated any provision	s of the can	naion fina	ince stat	utes
A person who is					imprisonment or both		paign jine	mee Blui	ись

#### **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)  Josh for Hartford	TYPE OF REPORT April 10 filing				
JOSH TO: PIARLIOID	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					
12. Balance on hand at the beginning of Reporting Period	0.00				
13. Contributions Received from Individuals (Sections A and B)	4,134.00	4,134.00			
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00			
15. Other Monetary Receipts (Sections D through K)	0.00	0.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	4,134.00	4,134.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	4,134.00	4,134.00			
19. Expenses Paid by Committee (Section P)	208.06	208.06			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3,925.94	3,925.94			
21. In-Kind Donations not Considered Contributions Received (Section L4)	166.66	166.66			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00			
23. In-Kind Contributions Received (Section M)	0.00	0.00			
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00			
25. Loan Balance	0.00				
25a. + Loans Received (Section D)	0.00	0.00			
25b. + Interest and Penalties on Loan	0.00	0.00			
25c Payments on Loan	0.00	0.00			
25d. Total Outstanding Loan Amount	0.00				
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00			
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit		TYPE OF REPORT					
Josh for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$				
B. Itemized	l Contrib	outions from Individ	luals	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Last Name	F	irst			MI		
Hercules	Т	Tana Tana					
Residential Street Address	City			State	Zip Code		
33 Sargeant St	Harti	ford		CT	06105		
Principal Occupation		Name of Employer					
Founder and CEO		Lady Jane LLC					
	or dependent child of a lobbyist?  No   does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principa  If yes, indicate whice of government the contributor apprincipal section of government the contributor apprincipal section is contributor apprincipal.	ch branch or		contractor? Yes  OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	01/27/23	\$50				
Last Name	F	irst			MI		
Thomas	P	∖lex					
Residential Street Address	City			State	Zip Code		
253 Freeman St	Hart	ford		CT	06106		
Principal Occupation		Name of Employer					
Pastor		South Church					
	or dependent child of a lobbyist? 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?  If yes, list Event #  Yes No  Yes No  If yes, indicate white of government the	ch branch or		e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction O	Money Order	01/27/23	\$50				
Last Name	F	irst		•	МІ		
Byrne	E	Erica					
Residential Street Address	City			State	Zip Code		
28 Park Ave	Win	dsor		CT	06095		
Principal Occupation		Name of Employer			_		
Nonprofit consultant		ERB Consulting					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Ves No does contributor or business valued at more than \$5,000?				y, Amo \$5	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No No If yes, indicate white of government the contribution associated with an event reported in Section L1?	ch branch or		_ <b>O</b> No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	r 02/03/23	\$5				
	SUBTOTA	AL Section B — This	Page \$105				
$\mathbf{n}$	OTAL of a	additional Section B I	ages \$4029				
TOTAL OF ALL CONTRIBUTIONS I							
(Enfer total on	ı Line 13, Co	olumn A of Summary Page	1 outs)				

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

NAME OF COMI	MITTEE <i>(Provide Comple</i> rd	te Name as Registered	with Filing Repos	itory)		TYPE OF REPORT April 10 filing		
The second secon		C1. (	Contributio	ons from	Other Co	mmittees		
Name of Committee					Name of T	Treasurer		
Address	<u> </u>			Is this co	ntribution asso orted in Section	Amount of Contribution		
City		State	Zip Code	Date R	eceived	Aggregate Contributions		
Name of Committee				1	Name of T	Treasurer	· · · · · · · · · · · · · · · · · · ·	-
Address					orted in Sectio	ciated with an Yes No n L1? es, list Event #	Amount o	f Contribution
City	· · · ·	State	Zip Code	Date R	eceived	Aggregate Contributions		
Name of Committee		<b>F</b>		<u> </u>	Name of T	Freasurer		
Address			Is this co event rep	Is this contribution associated with an Yes No event reported in Section L1?  If yes, list Event #		Amount o	f Contribution	
City		State	Zip Code	Date R	eceived	Aggregate Contributions		
The second secon	(C2, 1)	Reimbursemen	ts or Surp	lus Distr	butions fr	om other Committees		
Name of Committee	10 T	**************************************			Name of 1	waren and the same		
Address				City	,		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  OReimbursen	nent for shared	expense (	Surplus Dist	ribution	Amoun	t of Receipt
Description								
Name of Committee					Name of	Freasurer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  Reimburs	ement for share	ed expense	Surplus Di	istribution	Amoun	t of Receipt
Description								
			SUBTO	TAL Sec	tion C — T	his Page		
A STATE OF THE PROPERTY OF THE			To the stay following payment and the same		nal Section	The state of the s		
		ALL COMMIT is C1 + C2) (Enter						
							<del></del>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	tory)				REPORT	
Josh for Hartford					April 10	filing	
D	. Loans	Receiv	ed this Perio	id -			
Name of Lender			Source of Loan: OBank O	Candidate C	) Individus	ol Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes  No
Name of Cosigner/Guarantor (if applicable)	1			·	'		Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan; OBank OC	Candidate C	) Individua	ol Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	<u></u>		_			. <b></b>	Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank O	Candidate C	) Individua	al Other Committee	Date of Receipt
Street Address	City	•			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	1				<u> </u>	· · · · · · · · · · · · · · · · · · ·	Amount Received
Street Address	City				State	Zip Code	
			TOTAL SEC	TION D	The second secon		
E. Receipts from Entities other tha	an Indiv	/iduals	or Other Co	mmittees	s (Refere	ndum Committe	es ONLY)
Name of Entity				15			<u> </u>
Street Address					Received		Amount Received
City		State	Zip Code	Aggn	egate Contri	butions	
Name of Entity							
Street Address	·		1 11 2 2 2	Date l	Received		Amount Received
City		State	Zip Code	Aggr	egate Contri	butions	
Name of Entity				1,			
Street Address				Date	Received		Amount Received
City		State	Zip Code	Aggr	egate Contri	butions	
	and the second s		TOTAL SEC	CTION E	The second secon		

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

NAME OF COMMITTE Josh for Hartford	EE (Provide Complete Name as Registe	red with Filing Repository)		April 10 filing	
	F. Amount Transferred	from Affiliated Busine	ss Treasury <i>(Busi</i>	and a state of the second and the se	oos ONLY)
Date of Receipt	Is this transaction associate event reported in Section	ated with an Yes If ye	s, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section		s, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section	SE	es, list Event#		Amount
Date of Receipt	Is this transaction associate cvent reported in Section	2	es, list Event#		Amount
			TOTAL SECTIO	N P	
G. Amount I	ransferred from Affiliat	ted Labor Union or Ot	her Organization	ı Treasury <i>(Organ</i>	sization Committees ONLY)
Date of Receipt	e of Receipt  Date of Receipt			Date of Receipt	
Amount		Amoun	t		Amount
			OTAL SECTION		
man the street of the street o		the Candidate Receive	d this Periou (Ca	ndidate Commuees	ONLY) Amount
Date of Receipt	Method of payment:  Cash	Personal Check	Credit/Debit	Card	Alloun
Date of Receipt	Method of payment:				Amount
	O Cash	O Personal Check	Credit/Debit	Card	
Date of Receipt	Method of payment:  Cash	Personal Check	Credit/Debit	Card	Amount
Date of Receipt	Method of payment:  Cash	Personal Check	Credit/Debit	Card	Amount
			TOTAL SECT	ON H	
		I. Anonymous Co	ontributions		
ar	mount. If a committee:	Anonymous Contribureceives an anonymous contribution to the St	is contribution, t tate Elections En	he campaign tre	asurer shall

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

NAME OF COMMITTEE (Provide Complete Name as Registered with F	TYPE OF REPORT					
Josh for Hartford		April	10 fili	ng		Ann Anna an ann an
J. Interest fo	om Deposits in Authorized Accou	nts				
Name of Institution		Date I	Received			Amount
Street Address	City	State	Zi	p Code		
Name of Institution		Date F	Received			Amount
Street Address	City	State	Zi	p Code		
	TOTAL SECTIO	NJ		na da		
K, Miscellaneous Mo	netary Receipts not Considered C	ontrik	utior	S		
Name			Date of	Fransaction		Amount Received
Street Address	City	Stat	e	Zip Code		
Description						!
Name			Date of	Fransaction		Amount Received
Street Address	City	Stat	e	Zip Code		
Description		_ 1		.!		
Name			Date of	Fransaction		Amount Received
Street Address	City	State	е	Zip Code		
Description		<u> </u>				
Name			Date of	Transaction		Amount Received
Street Address	City	Stat	e	Zip Code		
Description						
	TOTAL SECTION K	A Company of the Comp				
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throi	igh K)		
Total Loans Received this Period (Section D)						
Total Receipts from Entities other than Individuals or Oth  Total Amount Transferred from Affiliated Business Treat		+ + +				
Total Amount Transferred from Affiliated Labor Union of						
Total Amount of Personal Funds of the Candidate Receiv		+				
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)	+				
Total Miscellaneous Monetary Receipts not Considered C	Contributions (Section K)	+				
(Add Sections D through	Total of Other Monetar K) (Enter total on Line 15, Column A of Summa					

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

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Josh for Hartford April 10 filing								
	L1. Event	Information						
Event # Date of Event Letter	Description		,	Was this a fun	draising event?			
Date of Event Letter 03/23/23 A	Happy Hour Fundraiser			<b>⊙</b> Yes	O <sub>No</sub>			
Location: Street Address		City		State	Zip Code			
1283 Main St		Hartford		СТ	06103			
Subpart 1: (All Committ	·	_						
Was this event hosted at a	a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  No						
	e 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	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eints here	<del></del>	·			
with purchases from an in	dividual of up to \$100?	O No		\$				
	ittees, Municipal Candidates and Political Comm Idvertising space in a program book or on a fundraiser?	OYes (If yes, go to Section L.	Committees) 3 Purchases of Advertis olete required informat		Program Book			
Subpart 3: (Town Comn	•							
	food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$				
gamering next within the		ONo						
Event # Date of Event Letter	Description			Was this a fun	draising event?			
Date of Event Letter				OYes	ONo			
Location: Street Address		City	-	State	Zip Code			
Subpart 1: (All Committee	ees)							
Was this event hosted at a	•	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  No						
	e goods or services donated by a business entity nated by an individual of up to \$100?	and complete required information.)						
XXV 45.1 - C during a to-	and a restrict on atherests of denoted to the	O No	· · · · · · · · · · · · · · · · · · ·					
with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Rec		\$				
Cubnart 2. (Darte Course	ittees, Municipal Candidates and Political Comn		Committees)					
Were there purchases of a	dvertising space in a program book or on a	Yes (If yes, go to Section L	3 Purchases of Advertis	sing Space in a	Program Book			
sign associated with this t	fundraiser?	or on a Sign and comp	plete required informat	ion.)				
Subpart 3: (Town Comm								
Did your committee sell t gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	\$				
gamering neig wann me	Marine Will the Mindreber.	<b>O</b> No	L					
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page					
		on L1—Subpart 3 <i>(Town Commi</i> pts from Food Purchases —						
		TOTAL of additional Section	n Li Pages					
		PTS FROM SMALL PU	pign copylight Chillippins betrail	_				
	(Enter total on	Line 16a, Column A of Summary	Page Totals)					

Per P individu	ublic Act 11-48, effe al purchases from a c	ctive January 1 ommittee tag s	, 2012 comr ale, auction,	nittees are no longer i or a sale of donated i	equired tems. S	I to itemize Section L2.	small removed
NAME OF COMMUTEE	(Provide Complete Name as Regist	torad with Filling Reposite	171)	TYPE OF F	EPORT		
Josh for Hartford	(170 Mar. Complete Mane to Ac. 810	The state of the s	437.	April 10 f			<u> </u>
	I 3 Purchas	es of Advertisi	ng in a Progr	ram Book or on a Sign			
Name of Purchaser			8			nase Made By:	
					O	Business Entity	Other
					O <sub>1</sub>	Individual/Sole l	Proprietorship
Street Address			City		•	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of S	ign Purchase
							Ü
Name of Purchaser					I	hase Made By:	Other
						Business Entity Individual/Sole I	-
Street Address			City		10	State	Zip Code
Dicot Audioss						31	
· ·							
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of S	ign Purchase
Name of Purchaser					Purc	hase Made By:	
					(O)	Business Entity	Other
					<b>O</b> :	Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad P	urchase	Amount of S	Sign Purchase
				_			
			<u></u>			1. 1. T	
Name of Purchaser					1	hase Made By: Business Entity	Other
					1 -	Individual/Sole	_
Street Address			City			State	Zip Code
	T		6 4 11 5				<u> </u>
Date Received	Event#	Aggregate Purchases	s for Alt Events	Amount of Program Ad P	urchase	Amount of S	lign Purchase
Name of Purchaser					Purc	hase Made By:	
					1 =	Business Entity	_
			,		O	Individual/Sole	<del></del>
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad P	urchase	Amount of S	Sign Purchase
Date Received	Z.one ii	1.25.2500 1 010111300		Tanouni of Flogram Att I			-B 7 631000
	SUBTOTAL Section L3	Total Purchases of	f Advertising in	Program Book — This Pa	ge		
				tising on a Sign — This Pa	5700		
		A STATE OF THE STA		f additional Section L3 Pag	0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
	T OF ALL PURCHASES	OF ADVEDBUSY		RAM BOOK or ON A SIG	5000		
IUEA	LL OF ALL TUKUHASES			nn A of Summary Pape Tota			

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

NAME OF COMMITTE	E (Provide Complete Name as Registe	red with Filing Repository)			TYPE OF REPORT				
Josh for Hartford					April 10 filing	ril 10 filing			
	L4. In-l	Gind Donations N	ot Conside	red Contribu	tions		The state of the s		
Name of Donor	<u> </u>	<u>-</u>			-				
Semilla Cafe + Studio	O						<b>,</b>		
Street Address			City				State	Zip Code	
1283 Main St			Hartford				СТ	06103	
Donation Given By:	Description of Donation					Fair Market Value of Donation			
Business Entity	space rental					\$100.00			
OIndividual	Date Received	Event # Aggregate Value f			r this Event				
Sole Proprietorship	03/23/2023	032323A	032323A \$100						
Name of Donor							•		
Joe Ploof									
Street Address			City		···		State	Zip Code	
220 Oxford St			Hartford				СТ	06105	
Donation Given By:	Description of Donation					Fair N	Aarket Valu	ie of Donation	
Business Entity	Beer					\$66.6	66		
<b>⊙</b> Individual	Date Received	Event #		Aggregate Value fo	r this Event				
OSole Proprietorship	03/23/2023	032323A	,	\$66.66					
Name of Donor									
Street Address			City				State	Zip Code	
			Hartford						
Donation Given By:	Description of Donation			<u></u>		Fair Market Value of Donation			
Business Entity									
Individual	Date Received	Event #	Aggregate Value for this Event		or this Event				
O Sole Proprietorship									
Name of Donor	<u> </u>								
	•					-			
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation		<u></u>			Fair N	Aarket Val	ie of Donation	
O Business Entity									
O Individual	Date Received	Event #		Aggregate value for	this Event				
Sole Proprietorship									
		SUBTO	OTAL Section	L4— This Pag	\$166.66				
		TOTAL	of additional	Section L4 Page	es :				
TOT	AL OF ALL IN-KIND DON (Ente	IATIONS NOT CON r total on Line 21, Col	SIDERED CO	ONTRIBUTION nary Page Total	(S) \$166.66	-			
				,					
					ı				

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

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Repos	ository)			TYPE OF RE	PORT	
Josh for Hartford					April 10 filir	ng	
L5. I	n-Kind Donations Not Consider	red C	ontributions Associa	ted with a l	House Part	y	
Name of Host		· · · · · · · · · · · · · · · · · · ·		Is this event committee?		ore than on	e candidate or lendum L5
Street Address			City		•	State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this ha	st/candidate			
Name of Host	<del></del>			committee?	supporting mo OYes ON omplete Itemiza	0	e candidate or
Street Address			City			State	Zip Code
Description of Donation		<u> </u>			Fair Mar	ket Value o	of Donation
Event#	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this ha	st/candidate			
Name of Host			•	committee?	supporting mo OYes ONe omplete Itemiza	D	e candidate or
Street Address			City			State	Zip Cade
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this ho			46.404	
Name of Host	•			committee?	supporting mo OYes ONo complete Itemiza	0	e candidate or
Street Address			City			State	Zip Code
Description of Donation		•			Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Eventall hosts	Agg	regate Value of all Events—this he	ost/candidate			
		SUB'	FOTAL Section L5 —	This Page			
			L of additional Section				
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on I		ONSIDERED CONTRI 2, Column A of Summary 1				

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

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)				TYPE O					
Josh for Hartford April 10 filing												
			M. In-Kin	d Conti	ribı	utions						
Name		200020000000000000000000000000000000000										
Street Address				C	City					State	Zip Code	
	Date Rece		A Contrib	utions	Ir	Description of In-Kind	ih.utia					
Type of contributor:	Date Rece	ived	Aggregate Contrib	ations	1	rescription of m-Kind	Commound	11				
	If and	l				r a chief executive	. CC C .		noliter T			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she is		d w <u>it</u>	h have a contract w Yes ONo						
Is this contribution associated with an	Q Yes					tor or prospective s	tate contra	ctor?	QYes			
event reported in Section L1?  If yes, list Event #	O No		indicate which be mment the contra			Executive	( Legisl	ative	Ŏ№			
Name		L							1	**,		
Street Address				C	City					State	Zip Code	
Type of contributor: Committee	Date Rece	ived	Aggregate Contrib	utions	Г	Description of In-Kind	Contributio	n			<u>.l.</u> .	
OIndividual / Sole Proprietorship Other												
Is contributor a lobbyist, spouse, Yes						or a chief executive				Fair I	Market Value	
or dependent child of a lobbyist?	soulds a loopyist, spouse,					Contribution						
Is this contribution associated with an event reported in Section L1?	Yes No		tor a principal of a indicate which br			or or prospective st	ate contrac	ctor?	OYes No			
If yes, list Event #			mment the contra			Executive	OLogisl	ative	<b>O</b>			
Name												
Street Address				C	City					State	Zîp Code	
Type of contributor: Committee	Date Recei	ived	Aggregate Contrib	utions	n	Description of In-Kind	Contributio	n				
O Individual / Sole Proprietorship Other												
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					eđ wi	or a chief executive ith have a contract v					Market Value Contribution	
		at more than				Yes No						
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	If yes,	tor a principal of a indicate which br rinnent the contra	anch or bi	ranc	or or prospective st hes Executive			S <sub>No</sub>			
			CIRT	OTAL S	octi	on M—This Pa	manuscript of a					
			A control of the cont	OLALIS	CLUI		A Particular					
			TOTAL	of addit	ions	al Section M Pag	es					
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS (E	inter total on Line	23, Colum	ın A	of Summary Page T	otals)					
	N.	Refund	lable Depos	it to Te	lep	hone Compai	<b>ny</b>					
Last Name of Individual			Fi	rst					MI	Date Deposi	t Made	
Residential Street Address			City				State	Zip Ci	ode			
											Amount of Deposit	
Sept. 1. Company							<u> </u>	<u></u>			·	
Name of Telephone Company												
							Ta:	Last				
Street Address			City				State	Zip Ce	ode			
TOTAL SI	CTION	N (Enter	total on Line 24	Column 4	1 of 9	Summary Page Tot	ale)					
							345 San 🛊					

SEEC FORM 20 Reduced 21 area 17 2415

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

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Josh for Hartford April 10 filing					
	P. Expenses	Paid by Committee			
Name of Payee			Date of Payment	Method of	
Joel Cintron 02/17/23			O Check	k # <u>0092</u> t Card <b>O</b> EFT	
Street Address		City		State	Zip Code
52 Clifford St. Apt	:. 3E	Hartford		CT	06114
Purpose of Expenditure	Description		Event #	1	Amount
(by code) MISC	Photoshoot			\$25	
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB CO D					
Name of Payee	-		Date of Payment	Method of	=
Anedot			var	O Check	
Street Address		City		State	Zip Code
1340 Poydras Stre	eet, Suite 1770	New Orleans		LA	70112
Purpose of Expenditure	Description		Event #	ĺ	Amount
(by code) WEB	Fundraising fees			\$182.0	)6
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) O Independ			
Name of Payee			Date of Payment	Method of	
Adam Mansbach			03/15/23	Check O Debit	
Street Address		City		State	Zip Code
8 West Parnassus	Court	Berkeley		CA	94708
Purpose of Expenditure	Description		Event #		Amount
(by code)	Refund of surplus contribution			\$1	
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required to  None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) <b>O</b> Indeper	adent		
Name of Payee			Date of Payment	Method of Chec.	k#
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) 🔘 Indepen	,		
		SUBTOTAL Section P -			
	ТО	TAL of additional Secti	on P Pages		
	TOTAL OF ALL EXPE	NSES PAID BY CON		_	

			TYPE OF REPORT				
Josh for Hartford				April 10 filing			
		Expenses Paid by Can	ididate				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		1	Date of Payment	ls reim	bursement claimed?	
					0	Yes 🔘 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)	2000. p.101.						
			<u> </u>				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		1	Date of Payment	Is reim	bursement claimed?	
					0	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)	2000,1900						
	·	<u>.</u>					
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		1	Date of Payment	Is reim	bursement claimed?	
			J		0	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event#	<u> </u>		Amount	
(by code)							
	<u> </u>						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reim	bursement claimed?	
					0	Yes O No	
Street Address		City			State	Zip Code	
}							
Purpose of Expenditure	Description		Event #	!	-	Amount	
(by code)							
			<u> </u>	<b>D</b>			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		ļ	Date of Payment	1 -	bursement claimed?	
					$\perp$ o	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #	!	<del>                                     </del>	Amount	
(by code)							
Name of Barrer (Name of C	endor, Person or Entity who candidate puid directly)		1	Date of Payment	To noise	bursement claimed?	
rame of rayee (Name by V	enant, 1 eison or Linux who Lumianie pun unecuy)		ľ	Dute of a syntem	ľ	_	
					0		
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #	!		Amount	
(by code)							
STATE OF THE STATE			And the state of t	Control of the second of the s	L_		
		SUBTOTAL Section Q	) — This	Page			
		TOTAL of additional Sec	ction Q P	ages			
		EXPENSES PAID BY C					
	(Linker Court of	zo, commin /i oj banini	y = uge /				

NAME OF COMMITT  Josh for Hartford	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT  April 10 filing			
	R. Expense	es Incurred on Committee Credit Card		
Name of Issuing Insti		Type of Credit Card:	iscover OAmerican Express OOther:	
Name of Vendor, Person of	or Entity		Date of Transaction	
Street Address		City	State Zip Code	
Saces Addiess		Cny	State Dip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendus)  None of the below Coordinated with reimbursement sough Coordinated without reimbursement so		Ов Ос Ор	
Name of Vendor, Person of	or Entity		Date of Transaction	
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description	Event#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendard None of the below Coordinated with reimbursement sough Coordinated without reimbursement so		OB OC OD	
Name of Vendor, Person of	or Entity		Date of Transaction	
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendu O None of the below Coordinated with reimbursement sough Coordinated without reimbursement so		Ов Ос Ор	
		SUBTOTAL Section R — This Page		
		TOTAL of additional Section R Pages		
ТО		RRED ON COMMITTEE CREDIT CARD ir total on Line 27, Column A of Summary Page Totals)		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposito	(ערו	TYPE OF REPORT		
Josh for Hartford			April 10 filing	Action and the Control of the Contro	
	S. Expenses Incurred by Cor	mmittee but Not Paid	During this Period		
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #			nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require  None of the below  Coordinated with reimbursement sought (joint expe	inde	"is checked) pendent nization: OA OB OC	0"	
Name of Creditor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date Incu	nred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred Stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expe	nditure) Organ	"is checked) pendent nization: OA OB OC (	OP	
Name of Creditor				Date Incu	nrred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred Stimate or Actual)
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	Inde	" is checked) pendent nization: OA OB OC (	O <sup>D</sup>	
		SUBTOTAL Section	n S-This Page		
		TOTAL of additional Se	ection S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DU (Enter total or	RING THIS PERIOD BU n Line 28, Column A of Sumn			
	Previously reported E	xpenses Unpaid and still	Outstanding		
	TOTAL OF ALL EXPENSES INCURR (Enter total on	ED BY COMMITTEE BI Line 28a, Column A of Sumn			

NAME OF COLD S				TYPE C	יום קו	р∩рт		
Josh for Hartford	EE (Provide Complete Name as Registered with Filing Repositon	יעי <u>.</u>		April 1			A. B.	
	T. Itemization of Reiml	bursements	and Secondary	Payee	S			
Last Name of Worker/Cons	sultant	First				МІ	Date of Person o	Payment to Vendor, or Entity
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant			rep		Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			Chec	-K. #	State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requine None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-king)	enditure)	O Organization:		В			_
Last Name of Worker/Con	sultant	First				МІ	Date of Person (	Payment to Vendor, or Entity
Name of Vender, Person or	r Entity Paid by Committee Worker/Consultant	<u> </u>		rep	orted it	o Reimburse n Section P: ck #	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#				Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured without reimbursement sought (in-kine)	enditure)	Independent		В С	) O		
Last Name of Worker/Con	sultant	First				МІ		Payment to Vendor, or Entity
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant			гер	orted i	n Section P:		Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requine None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kine)	enditure)	Independent	0 0	) (			_
		SUBTOTA	L Section T — Thi	s Page				
		TOTAL of a	dditional Section T	Pages				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	<b>workers</b>	AND CONSULT	ANTS				

NAME OF COMMITTEE (Provide Complete Name as Registered wit	th Filing Repository)			TYPE OF REPORT			
Josh for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B	Itemized Con	ıtribi	utions from Indivi	duals	70007	V-10-00-00-00-00-00-00-00-00-00-00-00-00-	
Last Name		Fir					MI
Wattenmaker		В	enjamin				
Residential Street Address	(	City	····		State	Zip	Code
51 Fox Chase Lane		West	Hartford		СТ	06	5107
Principal Occupation			Name of Employer		-		
Attorney			Feiner Wolfson LLC				
	or or business he/she i		didate for a chief executive ciated with have a contract OYes ONo			Amount 100	of Centribution
event reported in Section L1? No If yes,	ator a principal of a st indicate which bran- vernment the contract	ch or b		e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll D	eduction OMoney	Order	02/08/23	\$100			
Last Name	<u> </u>	Fir	st				MI
Bustos		М	aria				
Residential Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zij	Code
55 Walnut St		New!	Haven		СТ	06	5511
Principal Occupation			Name of Employer		<u> </u>		
Consultant			Center for Climate I	ntegrity			
or dependent child of a lobbyist? O No does contributo					of Contribution		
event reported in Section L1?	utor a principal of a s , indicate which bran vernment the contrac	ich or 1		e contractor?  Yes No Legislative			
If yes, list Event # of go	veniment the contrac	t is wit	Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll D	eduction OMoney	Order	02/08/23	\$50			
Last Name		Fir	st				MI
Fernandez		C	hester				
Residential Street Address		City			State	Zi	o Code
24 Cortland St		West	Hartford		СТ		6110
Principal Occupation			Name of Employer				
Attorney			NLADA				
	or or business he/she i		didate for a chief executive ciated with have a contract Yes No			Amount	of Contribution
s this contribution associated with an vent 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:  Executive Legislative							
Method of Contribution:			Date Received	Aggregate Contributions	$\neg$		
OCash OPersonal Check OCredit/Debit Card OPayroll D	Deduction OMoney	Order	02/08/23	\$100			
SUBTOTAL Section B — This Page \$250							
TOTAL of additional Section B Pages \$3884							
TOTAL OF ALL CONTRI			The same of the sa	(-1.5)			
			umn A of Summary Page				

Λŧ	r	2	3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Josh for Hartford	April 10 filing	April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ON SUBTOTAL SECTION	25 HATTAT			
B. Itemized Co	ntributions from I	ndividuals			
Last Name	First		MI		
Humphrey	Stephen				
Residential Street Address	City	i	State Zip Code		
602 New Britain Ave	Hartford		CT 06106		
Principal Occupation	Name of Employer				
Psychologist	Stephen M. H	lumphrey, Ph.D			
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?	is associated with have a c		Amount of Contribution \$50		
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	nch or branches	tive state contractor?  O Yes centive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Order 02/08/23	\$50			
Last Name	First	·	MI		
Shusterman	Anna				
Residential Street Address	City		State Zip Code		
53 Beverly Rd	West Hartford		CT 06119		
Principal Occupation	Name of Employer				
Professor	Wesleyan Un	iversity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a		Amount of Contribution \$18		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes Is contributor a principal of a fyes, indicate which bratefyes, list Event #	nch or branches	ecutive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 02/10/23	\$18			
Last Name	First		MI		
Shea	Carey				
Residential Street Address	City	l	State Zip Code		
7 Columbia St	Hartford		CT 06106		
Principal Occupation	Name of Employer				
retired	retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Valued at more than \$5,000?	is associated with have a		Amount of Contribution \$150		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  If yes, indicate which bra of government the contra	nch or branches	tive state contractor?  Yes No ecutive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Order 02/18/23	\$150			
SUBTOTAL Section B — This Page \$218					
TOTA	L of additional Secti	on B Pages \$3916			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sec 13, Column A of Summar				
	The state of the s	Control of Particle State Control of Control			

### Section B ADDITIONAL PAGE <sup>3</sup> of <sup>23</sup>

	Э.
Λt	_
VI.	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Josh for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A						
B. Itemized Co	ntribi	utions from Individ	duals			
Last Name	Fir	st			MI	
Salim	Na	adine				
Residential Street Address	City			State	Zip Code	
8601 Sunland Blvd	Sun V	'alley	,	CT	91352	
Principal Occupation		Name of Employer				
Attorney		Los Angeles Depen	dency Lawyers			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				/, Amo	ount of Contribution	
event reported in Section L1? No If yes, indicate which bra	event reported in Section L1? No 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	02/21/23	\$50			
Last Name	Fic	st	<u> </u>	!-	MI	
Buschmann	Cı	raig				
Residential Street Address	City			State	Zip Code	
1605 South 800 East	Salt L	ake City	I	UT	84105	
Principal Occupation		Name of Employer				
Attorney		Patent Law Works,	LLP			
	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			, Amo	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 If yes, indicate which brateful of government the contration.	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	02/22/23	\$50			
Last Name	Fir	st			MI	
Cantor	Ta	ara				
Residential Street Address	City			State	Zip Code	
608 Park Rd	West	Hartford		СТ	06107	
Principal Occupation		Name of Employer				
Marketing		Riverfront Recaptu	re			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Vocation is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, <b>Am</b> o	ount 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 fyes, indicate which bra of government the contra	nch or b	ranches _	e contractor?  Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	02/23/23	\$5			
SUBTOTAL Section B — This Page \$105						
TOTAL of additional Section B Pages \$4029						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$4134						
(Enter total on Line	15, Coli	umn A of Summary Page	i otats)	÷		

ብ	f	23
11		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
Josh for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	A STATE OF THE RESERVE OF THE PARTY OF THE P	is Period ONLY OTAL SECTION A	\$			
		,				-
B. Itemized Co	ntribi	utions from Indivi	duals		The second secon	The second secon
Last Name	Fir	st				Mī
McLendon	Re	eid				
Residential Street Address	City			State	_	Code
411 Highcroft Place	Simsk	oury		СТ	060	089
Principal Occupation		Name of Employer				
Associate Software Engineer		The Hartford Finance	cial Services Group,	lnc.		
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?					Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	02/23/23	\$25			
Last Name	Fin	st	<u> </u>		-	MI
Olson	М	atthew				
Residential Street Address	City		<u> </u>	State	Zip (	Code
73 Mill Rd	Stam	ford		CT	069	903
Principal Occupation	· · · · · ·	Name of Employer		<u></u>		
IT Consultant		Kenna Consulting, I	nc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be contributed in a chief executive officer of a municipality, does contributed or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  One will be contributed in a chief executive officer of a municipality, does contributed or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					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 figure which bra of government the contra	anch or b	branches	C Contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	02/27/23	\$100			
Last Name	Fir	st				MI
Colon	SI	hannia				
Residential Street Address	City			State	Zip (	Code
99 Main St	Hartf	ord		CT	06	106
Principal Occupation		Name of Employer	**************************************			· · · · · · · · · · · · · · · · · · ·
Assistant Manager		Connecticut Childre	en's Medical 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?				y, Am \$25		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 flyes, indicate which bra of government the contra	inch or b	oranches	e contractor? Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	٦		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/03/23	\$25			
SUB	тота	L Section B — This	Page \$150			
TOTA	L of ac	lditional Section B I	ages \$3984			
TOTAL OF ALL CONTRIBUTIONS FROM		Andrew Communication Communica	And the second s			
(Enter total on Line	13, Coli	umn A of Summary Page	Totals)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	red this Period O SUBTOTAL SECTI					
B. Itemized Co	ntributions from	Individuals		The second secon		
Last Name	First				MI	
Suess	Amber					
Residential Street Address	City			State	Zip Code	
37 Clifford St	New Haven		10	ct	06519	
Principal Occupation	Name of Emplo	yer				
Library Services Assistant	Yale Unive	sity				
Is contributor a lobbyist, spouse, 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?				Amou \$10	ınt 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	nch or branches	ective state contractor?  Executive OLegislative	Yes No			
Method of Contribution:	Date Received	Aggregate Contribu	tions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/03/23	\$10				
Last Name	First				MI	
Goselin	Peter					
Residential Street Address	City			State	Zip Code	
57 Saint James St	West Hartford		],	ct	06119	
Principal Occupation	Name of Emplo	yer				
Attorney	The Law Of	fice of Peter Goselin				
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 \$25	ant of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	nch or branches		OYes No			
Method of Contribution:	Date Received	Aggregate Contribu	tions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/03/23	\$25				
Last Name	First			<u>—</u>	MI	
Walsh	Brooks					
Residential Street Address	City			State	Zip Code	
168 Linden St	New Haven			כז	06511	
Principal Occupation	Name of Emplo	yer				
Physician	Bridgeport	Hospital				
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 \$100	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 If yes, indicate which bra of government the contra	nch or branches	ective state contractor?  Executive  Legislative	otc contractor?			
Method of Contribution:	Date Received	Aggregate Contribu	itions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/03/23	\$100	_	L		
SUB	FOTAL Section B	This Page \$135				
TOTA	િ of additional Sec	tion B Pages \$3999				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (S 13, Column A of Sumn					
	Annual Committee of the	The second of th				

Λ	f	2	3

NAME OF COMMITTEE (Provide Complete Na	me as R	egistered with Filing Repository)			TYPE OF REPOR	T	1,100,100,000		100 100 100 100 100 100 100 100 100 100
Josh for Hartford					April 10 filing	filing			
A. Total Contributions from S (See instructions for definition of Small		The state of the s		is Period ONLY OTAL SECTION A	\$				
		B. Itemized Co	* * V * * * * * * * * * * * * * * * * *	utions from Indivi	duals				
Last Name			Fir		••••			,	MI
Cimino			N	icole 					
Residential Street Address			City				State	Zip Coo	
12546 East Cornell Ave			Auro	ra			со	8001	4
Principal Occupation				Name of Employer					
Recruiter				CCCS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she at more than \$5,000?					Amo \$5	unt of C	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which brate of government the contract	nch or t	branches		Yes No			
Method of Contribution:				Date Received	Aggregate Contributi	ons			
OCash OPersonal Check OCredit/Debit C	Card 🤇	Payroll Deduction OMoney	Order (	03/03/23	\$5				
Last Name			Fir	st			<u> </u>	)	ΜE
Talmadge			K	risti					
Residential Street Address			City				State	Zip Co	de
9 Sharon St			Bristo	ol		1	CT	0601	0
Principal Occupation			L	Name of Employer				<u> </u>	<u></u>
Retired				Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					Amo	unt of C	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or	branches		Yes No			
Method of Contribution:				Date Received	Aggregate Contributi	ans	7		
OCash OPersonal Check OCredit/Debit C	Card 🕻	Payroll Deduction Money	Order	03/03/23	\$25				
Last Name			Fit					1	MI
Johnson			P	aul					
Residential Street Address			City				State	Zip Co	
2577 Sloan St			Auste	ell			GA	3010	16
Principal Occupation			•	Name of Employer					
Machinist				Gearheart Industry	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?					\$10	unt of C	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a  If yes, indicate which bra  of government the contract	nch or l	branches		Yes No			
Method of Contribution:	***	1 6		Date Received	Aggregate Contribute	ons	1		
OCash OPersonal Check OCredit/Debit (	Card (	Payroll Deduction OMoney	Order	03/03/03	\$10				
		SUB	гота	L Section B — This	Page \$40		<u> </u>		
	And the second s	TOTAL	of ac	dditional Section B I	Pages \$4094				
TOTAL OF	ALL (	CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A					
		And the second s		and the second s					

n	f	23
n	ť	۷.

NAME OF COMMITTEE (Provide Complete N	ame as I	Registered with Filing Repository)			TYPE (	OF REPORT				
Josh for Hartford					April '	10 filing	filing			
A. Total Contributions from (See instructions for definition of Sma				his Period ONLY TOTAL SECTION A	\$					
The continues of the state of the continues of the contin	Million of Congression and Congression of Congression		The second secon		All annual programmes and a second	The second secon	AAA, Sanaa aa		The state of the s	
		B. Itemized Co	110.74	outions from Indivi	duals	14 (1 m) 1 m				
Last Name				First					МІ	
Graubart				Karen						
Residential Street Address			City	d Sand			State		Code	
802 Forest Ave			Sout	th Bend			IN	46	5616	
Principal Occupation				Name of Employer						
Professor				University of Notre	Dame					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?	to a ca	andidate for a chief executivo ociated with have a contract OYes ONo	e officer with said	of a municipality I municipality	/, A		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or	branches	_	No				
Method of Contribution:				Date Received	55 5	te Contributions	]			
OCash OPersonal Check OCredit/Debit	Card	OPayroll Deduction OMoney	Order	r 03/03/23	\$25					
Last Name			F	irst					MI	
Hanink			F	Peter						
Residential Street Address			City				State	Zip	Code	
4912 East Ferro St			Long	g Beach			CA	90	0815	
Principal Occupation				Name of Employer						
Professor				Cal Poly Pomona						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe val	ontribution is in excess of \$400 cs contributor or business he/she ucd at more than \$5,000?					7, Ai		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	_	<b>⊙</b> No				
Method of Contribution:				Date Received	Aggrega	ggregate Contributions				
OCash OPersonal Check OCredit/Debit	Card	Payroll Deduction OMoney	Order	r 03/06/23	\$25					
Last Name			F	irst	•				MI	
Hanink			ļF	Peter						
Residential Street Address			City			· ·	State	Zip	Code	
4912 East Ferro St			Lon	g Beach			CA	90	0815	
Principal Occupation				Name of Employer						
Professor				Cal Poly Pomona						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	contribution is in excess of \$400 cs contributor or business he/she ued at more than \$5,000?					y, A		of Contribution	
Is this contribution associated with an event reported in Section L1?  Hes, list Event #	Yes No	Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or	r branches	_	<b>⊙</b> No				
Method of Contribution:		<u> </u>		Date Received		te Contributions	7			
OCash OPersonal Check OCredit/Debit	Card (	OPayroll Deduction OMoney	y Order	r 03/06/23	\$50					
		SUB'	гот	AL Section B — This	Page	\$75				
		TOTA	Lofs	additional Section B 1	Pages	\$4059				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections . Jumn A of Summary Page		\$4134				
	and the state of the state of			The second secon	A STATE OF THE STATE OF	<u> </u>				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			10 10 10 10 10 10 10 10 10 10 10 10 10 1
Josh for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
·						
B. Itemized Co	ontrib	utions from Indivi	duals		200	
Last Name		irst				МІ
Preising		Carlos				
Residential Street Address	City			State	1 '	Code
163 Humphrey St	New	Haven		CT	065	511
Principal Occupation		Name of Employer				
Software Engineer		Indeed				
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?				y, Am \$25		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lyes, indicate which be of government the contributor.	anch or	branches	_ <b>⊙</b> №			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	03/13/23	\$25			
Last Name	Fi	irst				MI
Mansbach	₽	Adam				-
Residential Street Address	City	<del></del>		State	Zip (	Code
8 West Parnassus Court	Berk	eley		CA	94	708
Principal Occupation	<u> </u>	Name of Employer	··	<u></u>	<del></del>	
Writer		Giants of Science, Ir	nc.			
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?				, Am		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Yes Is contributor a principal of If yes, indicate which broof government the contributor approach is the contributor of government the contributor.	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	03/14/23	\$251			
Last Name	F	irst				MI
McCauley	J	ames				
Residential Street Address	City			State	Zip	Code
77 Wadsworth St	Hart	ford		ст	06	106
Principal Occupation		Name of Employer		<u> </u>		
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONO Ves 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 #  Yes No  If yes, indicate which by of government the contribution associated with an event reported in Section L1?	anch or	branches	_ ÕN₀			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	03/14/23	\$50			
SUB	TOT	AL Section B — This	Page \$326			
TOTA	Lofa	dditional Section B F	ages \$3808			
TOTAL OF ALL CONTRIBUTIONS FRO						
(Emer total on Line	e 13, LO	lumn A of Summary Page	1 (1)(18)			

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

n	f	2	3

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		TYPE OF REPORT		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The second secon	
Josh for Hartford				April 10 filing	il 10 filing			
A. Total Contributions from S (See instructions for definition of Small	the state of the s		is Period ONLY DTAL SECTION A	<b>5</b> 5				
	B. Itemized Co	ntribi	utions from Indivi	duals			Committee of the commit	
Last Name		Fir	st			MI		
Townsend		Ka	ailey					
Residential Street Address		City			State	Zip Code		
20 Front St		Hartf	ord		<u></u>	06103		
Principal Occupation			Name of Employer					
Social Media Manager			Planned Parenthoo	d Federation of Am	erica			
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?	is assoc	ciated with have a contract OYes ONo	with said municipality	/, Am	ount of Con	tribution	
	Yes Is contributor a principal of a No If yes, indicate which bra: of government the contrat	nch or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order (	03/14/23	\$50				
Last Name	<u> </u>	Fir	st			MI		
McCudden		To	om					
Residential Street Address	<u></u>	City			State	Zip Code		
1 Linden Place	•	Hartf	ord		СТ	06106		
Principal Occupation		<u> </u>	Name of Employer		· · · · · · · · · · · · · · · · · · ·			
Attorney			Federal Defenders	of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No						tribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  No If yes, indicate which bra  of government the contra	nch or l	branches	te contractor?  Yes No Legislative				
Method of Contribution:	······································		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	03/14/23	\$50				
Last Name		Fir	st	<u></u>		MI		
Lemar		A	nika					
Residential Street Address		City			State	Zip Code		
6 Elm St		New	Haven		CT	06511		
Principal Occupation			Name of Employer					
Law Professor			Yale University					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am \$25	ount of Con	tribution	
Is this contribution associated with an event reported in Section L17  If yes, list Event #		nch or t	branches	e contractor? Yes No				
Method of Contribution:	- 8-		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	03/14/23	\$25				
	SUB	гота	L Section B — This	Page \$125	L.,			
	тота	of ac	Iditional Section B I	ages \$4009	<u> </u>			
TOTAL OF A	ALL CONTRIBUTIONS FROM							
	(Enter total on Line	15, Coli	umn A of Summary Page	Lotals)				

## Section B ADDITIONAL PAGE <sup>10</sup> of <sup>23</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT						
Josh for Hartford					April 10	filing				
A. Total Contributions from S (See instructions for definition of Small			The state of the same	is Period ONLY OTAL SECTION A	\$					
			, <u> </u>							
The second section of the second section secti		B. Itemized Co	ntrib	utions from Indivi	duals	A CONTRACTOR OF THE STATE OF TH				
Last Name		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fi	rst					МІ	
Alarcon			D	aniel						
Residential Street Address			City				State	1 -	Code	
560 Riverside Dr.			New	York			NΥ	10	027	
Principal Occupation				Name of Employer						
Professor				Columbia Universit	ty					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					, <i>Am</i>		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or l	branches	_	No				
Method of Contribution:				Date Received	Aggregate	Contributions	7			
OCash OPersonal Check OCredit/Debit C	Card C	Payroll Deduction OMoney	Order	03/14/23	\$250					
Last Nane			Fit	rst			<u> </u>		MI	
Berkeley			V	ignette						
Residential Street Address			City				State	Zip	Code	
1392 Benteen Park Dr SE			Atlan	nta			GA	30	315	
Principal Occupation				Name of Employer				_L		
Director				Humana						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					, Am		of Contribution	
	Ycs No	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or	branches	_	<b>⊙</b> №				
Method of Contribution:				Date Received	Aggregate	Contributions	┪			
OCash OPersonal Check OCredit/Debit C	Card C	Payroll Deduction Money	Order	03/14/23	\$25					
Last Name			Fi	rst					М	
Bhandary-Alexander			Jä	ames						
Residential Street Address	•		City		· · ·		State	Zip	Code	
72 Alden Ave			New	Haven		:	CT	06	5515	
Principal Occupation				Name of Employer						
Attorney				Yale University						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of with said r	'a municipality nunicipality	, Am		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a :  If yes, indicate which bran of government the contract	nch or l	ontractor or prospective state contractor?						
Method of Contribution:		<u> </u>		Date Received	Aggregate	Contributions	7			
OCash OPersonal Check OCredit/Debit C	Card C	Payroll Deduction OMoney	Order	03/14/23	\$25					
		SUB'I	ГОТА	L Section B — This	Page \$	300				
	And a state of the second seco	TOTAI	ofa	dditional Section B l	Pages \$	3834				
TOTALOF	ALL (	CONTRIBUTIONS FROM	A IND		A + B) ,	4134				
Section 1 to 1		Lines jour on Line	er, cui	ame is of Summary Fage.	4 VN#10/					

## Section B ADDITIONAL PAGE 11 of 23

n	f	23
v	1	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford		;	April 10 filing	State Zip Code CT 06107		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	1 m 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	nis Period ONLY OTAL SECTION A	\$			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	
B, Itemized Co	ntrib	utions from Indivi	duals			For the same of th
Last Name	.,	irst				MI
Knerr	c	Christopher				
Residential Street Address	City			State	Zip	Code
7 Belcrest Rd	West	t Hartford		СТ	06	107
Principal Occupation		Name of Employer				
Artisanal Tweeter		unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				1	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lyes, indicate which brace of government the contration of government the contration.	anch or	branches	e contractor? Yes No CLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order		\$25			
Last Name	Fi	rst				MI
Hammond	L	eslie				
Residential Street Address	City			State	Zìp	Code
1 Linden Place	Hartl	ford		СТ	06	106
Principal Occupation	·	Name of Employer				
Residential Realtor		Hammond Realty L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No West No West No West No West No. We				, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which be of government the contribution of government the contribution associated with an event reported in Section L1?	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/14/23	\$100			
Last Name	Fi	irst	<u> </u>			MI
Keller	S	itefan				
Residential Street Address	City			State	Zip	Code
32 Ashley St	Harti	ford		СТ	06	106
Principal Occupation		Name of Employer		<u> </u>		
Non-profit Employee		Make the Road Cor	necticut			
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?				, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  Yes No Section L1?  Yes, list Event # Section L1?  If yes, list Event # Section L1?	anch or	branches	_ ONo			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/14/23	\$50			
SUB	TOTA	L Section B This	Page \$175	· · · · · · · · · · · · · · · · · · ·		
TOTA	L of a	dditional Section B I	ages \$3959			
TOTAL OF ALL CONTRIBUTIONS FRO		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		lumn A of Summary Page				

## Section B ADDITIONAL PAGE $\frac{12}{2}$

	_	ъ.
_	4	۷.
- 41		_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
·						
B. Itemized Co	ntribi	itions from Indivi	duals			
Last Name	Firs	st			MI	
Jeter	Ja	mes				
Residential Street Address	City			State	Zip Code	
5 Lisbon Street	Hartfo	ord		CT	06106	
Principal Occupation		Name of Employer			<u> </u>	
Civic Engagement		Dwight Hall at Yale				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				y, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which bra of government the contra	inch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/14/23	\$50	ł		
Last Name	Firs	st	<u></u>	<u></u>	MI	
Twitchell	Eli	izabeth				
Residential Street Address	City			State	Zip Code	
250 S. Reynolds St	Alexa	ndria		VA	22304	
Principal Occupation	·•	Name of Employer				
Manager		ASAE				
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 #  Section L1?  Yes  Is contributor a principal of a If yes, indicate which brace of government the contributor apprincipal of a section L1?	anch or t	oranches	te contractor? Ycs No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/15/23	\$25			
Last Name	Fire		"		Μί	
Ramirez	Re	≘yna				
Residential Street Address	City		···	State	Zip Code	
937 Main St	Soutr	) Weymouth		MA	02190	
Principal Occupation		Name of Employer				
Attorney		Ramirez and Sunne	erberg 			
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	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Is contributor a principal of a fyves, indicate which brace of government the contract.	anch or b	ranches	e contractor?  OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/15/23	\$25			
SUB	тота	L Section B — This	<b>Page</b> \$100			
TOTA	L of ac	lditional Section B I	Pages \$4034			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDI	IVIDUALS (Sections /	A + B) Totals) \$4134			
			Section 1997			

## Section B ADDITIONAL PAGE 13 of

_	c	2	:
0	ı	•	^

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT		VI. 2. H. 12.	(A)
Josh for Hartford			April 10 filing				
A. Total Contributions from Sm (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$			
			<del></del>				
	B. Itemized Co	atribı	utions from Indivi	duals			
Last Name		Fire	st				MI
Haynes		La	ura				
Residential Street Address		City			State	Zip	Code
39 Fawnbrook Lane		Simsb	oury		СТ	06	6070
Principal Occupation			Name of Employer	<u></u>	·	_·-	
Professor			University of Conne	ecticut			
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, A1		of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contract	ich or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:	·		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Can	rd OPayroll Deduction OMoney	Order	03/15/23	\$50			
Last Name		Fire	sŧ	<u> </u>			Мі
Page		Th	nompson				
Residential Street Address		City			State	Zip	Code
226 Kenyon Street		Hartfo	ord		СТ	06	5105
Principal Occupation			Name of Employer	<u></u>	1		
Attorney			The Center for Anir	nal Litigation			
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ar \$2		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 t	oranches	te contractor? Yes  O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Car	rd Payroll Deduction Money	Order	03/15/23	\$25			
Last Name		Fin	st .				MI
Zakarian		Pa	aul				
Residential Street Address		City			State	Zip	Code
1 Miles Ave	•	Midd	letown		СТ	06	5457
Principal Occupation			Name of Employer				
Manager			ABH, Inc.				
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?				y, Ai		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #							
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoncy	Order	03/15/23	\$10			
	SUBT	OTA	L Section B — This	Page \$85			
	Тота	ofac	lditional Section B I	Pages \$4049			
TOTAL OF A	LL CONTRIBUTIONS FROM		IVIDUALS (Sections 1 umn A of Summary Page				
	(LARET WAS ON LINE	,	and A S) Dummary Fage	Aumor			

# Section B ADDITIONAL PAGE 14 of 23

۰£	2	3
ΛT	_	•

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			**************************************
Josh for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
B. Itemized Co.	ntrib	outions from Individ	duals			
Last Name	F	irst	***************************************			MI
Aybar	L	iznel				
Residential Street Address	City	•		State	Zip C	
570 Isham St	New	York		NY	100	)34
Principal Occupation		Name of Employer		l <u> </u>		····
Deputy Chief of Staff		New York State Sen	ate			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No locs contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive printed with have a contract OYes ONo	e officer of a municipality with said municipality	, Ame		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, list Event #	nch or	branches	e contractor? Yes  OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		\$50			
Last Name	Fi	irst				MI
Roberts	P	Alexandra				
Residential Street Address	City			State	Zip C	Code
111 Clark St	New	rton		MA	024	159
Principal Occupation	<u> </u>	Name of Employer		•		
Professor		Northeastern Unive	ersity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	andidate for a chief executive ociated with have a contract OYes O No	e officer of a municipality with said municipality	, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section II?  Yes No  If yes, indicate which bra of government the contra-	nch or	r branches	te contractor?  No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/16/23	\$50			
Last Name	F	First				MI
Manasewich	L	Laura				
Residential Street Address	City			State	Zip (	Code
13459 Moorpark St	Los	Angeles		CA	914	423
Principal Occupation	•	Name of Employer				
Social Media Manager		Vin di Bona Produc	tions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse Valued at more than \$5,000?				y, Am		f Contribution
event reported in Section L1?	tribution associated with an reted 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					
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoncy	Order	Date Received 03/18/23	Aggregate Contributions \$20			
SUBT	ΓΟΤ <i>/</i>	AL Section B This	Page \$120	!		
		additional Section B I	ni ne finite na 15 til juli s na nama na mana na finite na juli s nama na na finite na juli s nama na finite na finita na finita na finite na fini			
TOTAL OF ALL CONTRIBUTIONS FROM		i de la companio de l Companio de la companio de la compa	Control of the Contro			
		olumn A of Summary Page				

## Section B ADDITIONAL PAGE <sup>15</sup> of <sup>23</sup>

NAME OF COMMITTEE (Provide Complete	Name o	as Registered with Filing Repository)			TYPE OF REPORT	Transcription (		
Josh for Hartford			April 10 filing					
A. Total Contributions from (See instructions for definition of Sm				ois Period ONLY OTAL SECTION A	\$			
		B. Itemized Co		utions from Indivi	duals			
Last Name			1	irst Connor				MI
Thompson				.OIIIIO:		<del></del>		
Residential Street Address 617 E. 21 St			City	e Rock		State	1 1	Code 206
			LILLIC			JAN_		
Principal Occupation Researcher				Name of Employer University of Arkan	eas Little Posis			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	)   6	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Am \$25		of Contribution
	O Ye		nch or	branches	e contractor? Yes OLegislative			
Method of Contribution:				Date Received	Aggregate Contributions	7		
Cash Personal Check Cccdit/Deb	it Care	rd OPayroll Deduction OMoney	Order	03/18/23	\$25			
Last Name			Fi	rst				MI
Gee			L	iv				
Residential Street Address			City	·		State	Zip	Code
800 P Street NW			Wash	hington		DC	20	1001
Principal Occupation		<u> </u>		Name of Employer	· • <del></del>			
Attorney				PDS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	d	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 #	Yes No	Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or	branches	te contractor?  Yes  No  Legislative			
Method of Contribution:				Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Deb	it Caro	rd Payroll Deduction OMoney	Order	03/18/23	\$15			
Last Name			Fi	irst	<u> </u>		<b></b>	MI
Weber			ال	essica				
Residential Street Address			City			State	1 -	Code
203 Tilghman Ave			Cent	treville		MD	21	617
Principal Occupation				Name of Employer				
Consumer Safety Officer				US Food and Drug	Administration			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	s I	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Am \$25		of Contribution
Is this contribution associated with an event reported in Section L1?  Hyes, list Event #	Ye No	Is contributor a principal of a  If yes, indicate which bra  of government the contract	nch or	branches _	te contractor?  OLegislative			
Method of Contribution:				Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Deb	it Care	rd OPayroll Deduction OMoney	Order	03/18/23	\$25	1		
		SUB1	ГОТА	AL Section B — This	Page \$65			<u></u>
	gardy a barryon (1)	тотаі	of a	dditional Section B I	Pages \$4069			
TOTALO	FAL	LL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections a lumn A of Summary Page				

### Section B ADDITIONAL PAGE <sup>16</sup> of <sup>23</sup>

NAME OF COMMITTEE (Provide Complete Name	ne as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		Fi	rst				MI
Hourigan		N	Neg				
Residential Street Address		City			State	Zip	Code
345 Commonwealth Ave		New	Britain		СТ	06	053
Principal Occupation			Name of Employer				
Program Director			Hartford Food Syst	em			
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, An		of Contribution
	Yes Is contributor a principal of a  No If yes, indicate which bra: of government the contract	nch or i	branches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	03/18/23	\$25			
Last Name		Fi	rst	<u></u>			MI
Taubes		A	lexander				
Residential Street Address		City			State	Zip	Code
470 James St		New	Haven		СТ	06	513
Principal Occupation	11411 1111		Name of Employer		<b>L</b>		
Civil Rights Attorney			Alexander T. Taube	5			
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, An		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  No  If yes, indicate which bra  of government the contra	inch or	branches	te contractor? Yes No Legislative			
Method of Contribution:	of government the contra	OT 13 WI	Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit C	ard Payroll Deduction OMoney	Order	03/18/23	\$250			
Last Name		Fi	rst	<u> </u>			MI
Shaw		В	arbara 💮 💮				
Residential Street Address		City			State	1 -	Code
115 North Beacon St		Harti	ford		CT	06	5105
Principal Occupation			Name of Employer	***************************************		•	
Nonprofit Leader			Hands on Hartford				*
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ar \$1		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches	e contractor? Yes No			
Method of Contribution:			Date Received	Aggregate Contributions	$\neg$		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	03/18/23	\$100			
	SUB*	ΓΟΤΑ	AL Section B — This	Page \$375			
	TOTAL	Lofa	dditional Section B J	Pages \$3759			
TOTAL OF A	ALL CONTRIBUTIONS FROM		NVIDUALS (Sections 1 Jumn A of Summary Page				
State of the control	and the second s			The state of the s			

## Section B ADDITIONAL PAGE <sup>17</sup> of <sup>23</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			2
Josh for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fi	rst				MI
Knuth	L	ori				
Residential Street Address	City			State	1	Code
93 Wopowog Rd	East	Hampton		CT	064	424
Principal Occupation		Name of Employer				•
Attorney		OAG				
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 \$150		f Contribution
Is this contribution associated with an event reported in Section L.1?  If yes, list Event #  Yes  No  If yes, indicate which brain of government the contract	nch or	branches	e contractor? Yes  OLegislative			
If yes, list Event # of government the contract   Method of Contribution:	CE IS WIE	Date Received	Aggregate Contributions	4		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		\$150			
Last Name	Fir					МІ
Clifford		tadeleine				,
Residential Street Address	City			State	Zip (	Code
2471 Humboldt Ave	Oakla	and		CA	946	501
Principal Occupation		Name of Employer		1	<u></u>	
Deputy Press Secretary		Debt Collective				
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/shc valued at more than \$5,000?				y, Amo \$50		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a Hyes, indicate which bra			te contractor? Yes			
If yes, list Event # of government the contract			O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		03/19/23	\$50			
Last Name Ruiz	Fin Ja	rst ason				MI
	City	·····		State	Zip (	Code
1714 Nichols Ave	Strat	ford		CT	1	614
Principal Occupation	<u> </u>	Name of Employer		I	<u> </u>	
Production Utility		Mott Corp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Goes contributor or business he/she valued at more than \$5,000?	to a car is assoc	adidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo \$15	unt o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No	nch or l	branches	e contractor?  O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		**
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/19/23	\$15			
SUBT	ГОТА	L Section B — This	Page \$215			
TOTAL	ofac	dditional Section B F	9ages \$3919			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page			W	-
			0.00 to 70.77 (0.00 0.00 to 70.00 (0.00 0.00 to 70.00 (0.00			

of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Josh for Hartford			April 10 filing			
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)	the control of the co	nis Period ONLY OTAL SECTION A	\$			
(See usu uctions for definition of Small Court router)				<u></u> .	<u></u>	
B	Itemized Contrib	outions from Individ	duals	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Last Name Mahoney	<b>[</b> ]	<sub>irst</sub> Frendan			MI	
Residential Street Address	City			State	Zip Code	
550 Main Street	Harti			CT	06103	
Principal Occupation		Name of Employer				
Attorney		State of Connecticu	it			
	r or business he/she is asso	ndidate for a chief executive ciated with have a contract OYes ONo		/, Amou	nt of Contribution	
event reported in Section L1? No If yes,	ator a principal of a state co indicate which branch or vernment the contract is with		CLegislative SYes			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll D	eduction OMoney Order	03/19/23	\$25	1		
Last Name	Fi	irst		L	MI	
Glanzer	Т	ed				
Residential Street Address	City			State	Zip Code	
22A Mohawk Dr	Unio	nville		СТ	06085	
Principal Occupation		Name of Employer				
Editor		The Real Deal				
	r or business he/she is asso	ndidate for a chief executive ciated with have a contract  O Yes  No		, Amou	nt of Contribution	
event reported in Section L1?	utor a principal of a state co , indicate which branch or vernment the contract is wi		e contractor? Yes No Legislative			
Method of Contribution:	··	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll D	eduction Money Order	03/22/23	\$50	ĺ		
Last Name		irst			MI	
Vita	را	uliana				
Residential Street Address 24 Knollwood Rd	City West	t Hartford		State CT	Zip Code 06110	
Principal Occupation		Name of Employer				
Assistant Professor		University of Hartfo	ord			
	or or business he/she is asso	ndidate for a chief executive colored with have a contract Yes No		/, Amou	int of Contribution	
event reported in Section L1?	utor a principal of a state co indicate which branch or vernment the contract is wi		e contractor?  OLegislative			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll D	Deduction OMoney Order	Date Received 03/23/23	Aggregate Contributions \$50			
	And the second s	A Company of the Comp	Page \$125			
	Comment of the commen	AL Section B — This  Idditional Section B I		,		
			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
TOTAL OF ALL CONTRI (		DIVIDUALS (Sections / lumn A of Summary Page				

	20
Λt	<b>Z</b> _

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory)		TYPE OF REPORT			
Josh for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	The second second second	this Period ONLY BTOTAL SECTION A	\$		-	
	_					
B. Itemized	Contr	ibutions from Indivi	duals			
Last Name		First			MI	
Bermudez		Wildaliz				
Residential Street Address	City			State	Zip Code	
121 Lexington Ave	Ne	w Haven		CT	06513	
Principal Occupation		Name of Employer				
Fair Rent Commission		City of New Haven				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes of does contributor or business by valued at more than \$5,000?		candidate for a chief executive ssociated with have a contract OYes ONo		y, Amo	unt of Contribution	
Is this contribution associated with an  Yes Is contributor a principal		contractor or prospective stat	e contractor? Yes	7 ' ' '	,	
event reported in Section L1?  No If yes, indicate which of government the confidence of government the confidence in th			OLegislative (C) No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Oro	der 03/23/23	\$100			
Last Name		First			MI	
Diaz		Jason				
Residential Street Address	City			State	Zip Code	
203 Fairfield Ave	Ha	rtford		ст	06114	
Principal Occupation		Name of Employer	<u></u> .	·	<u> </u>	
Firefighter		City of Hartford				
		candidate for a chief executive ssociated with have a contract Yes No		/, Amo	unt of Contribution	
event reported in Section L1? No If yes, indicate which	ch branch		_ <b>⊙</b> №			
If yes, list Event # 032323A of government the companion of Contribution:	contract is	Date Received	C Legislative Aggregate Contributions	_		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction O	Maney Ord		\$100			
Last Name	.10110, 011	First			Mi	
Simpson		Nathan				
Residential Street Address	City			State	Zip Code	
185 Brook Street	Ne	ew Britain		СТ	06051	
Principal Occupation	<u> </u>	Name of Employer	······································			
Data Manager		AAUP				
		candidate for a chief executive ssociated with have a contract Yes No		y, Amo	ount of Contribution	
event reported in Section L1? O No If yes, indicate which	h branch		No			
If yes, list Event # 032323A   of government the c	CONTRACT 18	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Oro	1 .	\$5			
S	SUBTO	TAL Section B — This	Page \$205			
		f additional Section B I	The second secon			
TOTAL OF ALL CONTRIBUTIONS F	The second secon		The second secon			
		Column A of Summary Page				

_	£	2:
n	Ŧ	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	100000000000000000000000000000000000000			
Josh for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized C	ontril	outions from Indivi	duals				
Last Name		?irst	*		MI		
Napear	I	Emily					
Residential Street Address	City			State	Zip Code		
370 Asylum St	Hart	tford		СТ	06103		
Principal Occupation		Name of Employer					
Teacher		East Hartford Public	c Schools				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Ame	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 032323A  Section 4.17  No list contributor a principal of the list of government the contributor of government the contributor as principal of the list of government the contributor as principal of the list of government the contributor as principal of the list of government the contributor as principal of the list of government the contributor as principal of the list of government the contributor as principal of the list of government the contributor as principal of the list of government the list of government the list of government the contributor as principal of the list of government	ranch or	r branches	e contractor? Yes No Legislative				
Method of Contribution:	10 171	Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde		\$10				
Last Name	F	7irst			MI		
Cotto	1	Leticia					
Residential Street Address	City			State	Zip Code		
23 Colebrook St	Hart	tford		СТ	06112		
Principal Occupation		Name of Employer	· · · · · · · · · · · · · · · · · · ·				
Administrator Hartford Public Library							
	ependent child of a lobbyist? O No 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?  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 Legislative							
Method of Contribution:  Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon			\$30				
Last Name Little	i	?irst Peter			MI		
Residential Street Address	City			State	Zip Code		
42 Kenmore Rd		omfield		СТ	06002		
Principal Occupation Name of Employer							
Consultant Self-employed							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O No  O Yes  O Yes  O No				,,	Amount of Contribution \$125		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which by	ranch or	r branches	ŌNo				
If yes, list Event # of government the contra	ract is w		, <del></del>	_			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	Date Received 03/26/23	Aggregate Contributions \$125				
		 AL Section B — This	Page \$165				
	The second secon		Section Sectio				
TOTAL of additional Section B Pages \$3969							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$4134							

### Section B ADDITIONAL PAGE <sup>21</sup> of <sup>23</sup>

_	c	23
a	t	

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
			<del></del>				
	R. Itemized Co.	ntrih	utions from Indivi	duals			The second secon
Last Name		Fi	and the first time and the same	The second secon			MI
Jurvetson		К	arla				
Residential Street Address		City			State	Zip	Code
350 Second St		Los A	Altos		CA	94	4022
Principal Occupation			Name of Employer				
Physician			Self				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					mount 250	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or l	branches	Contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Car	d OPayroll Deduction OMoney	Order	03/26/23	\$250			
Last Name		Fin	rst				MI
Siebigroth		S	ean				
Residential Street Address		City			State	1 .	Code
1714 E 2nd St		Flint			MI	48	3503
Principal Occupation		•	Name of Employer				
Lawyer			The Williams Firm, I	P.C.			
or dependent child of a lobbyist? O 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 Yes  No  So  So  So  So  So  So  So  So  So				of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	es Is contributor a principal of a state contractor or prospective state contractor?						
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Can	d OPayroll Deduction OMoney	Order	03/28/23	\$50			
Last Name		Fi	rst		-		MI
Wilson		L	aura				
Residential Street Address		City			State	Zi	o Code
7240 Rte 102	!	Guild	dhall		VT	0.	5905
Principal Occupation			Name of Employer		•		
Attorney			Young & Wilson PC				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					mount	of Contribution
Is this contribution associated with an event reported in Section L1?  If pes, list Event #	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:	3		Date Received	Aggregate Contributions	ᅱ		
OCash OPersonal Check OCredit/Debit Car	d OPayroll Deduction OMoney	Order	03/28/23	\$50			
	SUB'	ГОТА	L Section B This	Page \$350			
	Company to the second of the s	Toronto and a major and a majo		And the second s			
TOTAL of additional Section B Pages \$3784  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)							
IOIALOFAL			umn A of Summary Page				

SEEC FORM 20 Revised January 2015

### Section B ADDITIONAL PAGE 22 of 23

NAME OF COMMITTEE (Provide Complete Nat	me as h	legistered with Filing Repository)			TYPE OF REPORT	111 mm 211		
Josh for Hartford			April 10 filing					
A. Total Contributions from S (See instructions for definition of Small		Control of the Contro		nis Period ONLY OTAL SECTION A	\$			
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		22.000	The second secon			The state of the s	
Last Name	111111111111111111111111111111111111111	B. Itemizea Co	Action Contract	outions from Indivi	auais	112.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MI
MacKinnon			C	Catherine				
Residential Street Address 155 Pearl St			City Enfie	eld		Star	- I	ip Code 06082
Principal Occupation				Name of Employer				
Executive Director				Mutual Housing As	sociation of Greater	r Ha	rtford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes						Amoun	t of Contribution	
, .	Yes No	s Is contributor a principal of a state contractor or prospective state contractor?						
Method of Contribution:				Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	Card (	Payroll Deduction OMoney	y Order	03/28/23	\$100	1		
Last Name			1 1 1	irst	<u> </u>			MI
Healey			S	arah				
Residential Street Address 33 Boswell Rd			City West	t Hartford		Stat		ip Code 06107
Principal Occupation			L	Name of Employer		4		
Government				State of Connecticu	ıt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No						t of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a state contractor or prospective state contractor? OYes						
Method of Contribution;				Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit C	ard (	Payroll Deduction Money	Order	03/30/23	\$50			
Last Name			F	irst	·			MI
Hensley			Į B	Benjamin				
Residential Street Address			City			Stat	1	ip Code
390 Capitol Ave			Hart	ford		СТ	. (	06106
Principal Occupation  Development Coordinator				Name of Employer  Capital Workforce I	Partners			
Is contributor a lobbyist, spouse, Yes	TEO	nutrikusia ia ia anno a POAGO	t					
or dependent child of a lobbyist? O No	doe: valu	s contributor or business he/she			\$25 ate contractor? OYes			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bratter of government the contract	nch or	branches				
Method of Contribution:		1		Date Received	Aggregate Contributions	ヿ		
OCash OPersonal Check OCredit/Debit C	Card (	Payroll Deduction OMoney	Order	03/30/23	\$25			
		SUB'	ATO1	L Section B — This	Page \$175			
	A STATE OF THE STA	TOTAL	5 of a	dditional Section B I	ages \$3959	_		
TOTAL OF A	\LL (	CONTRIBUTIONS FROM		OIVIDUALS (Sections A				
		1-7/100 OWI ON ALINE	>	J. Seminary L. MEC				

### Section B ADDITIONAL PAGE <sup>23</sup> of <sup>23</sup>

of -	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)			TYPE OF REPORT			
Josh for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
	**	**					
B. Itemizeo	d Cont	ribu	tions from Indivi	duals	10 10 10 10 10 10 10 10 10 10 10 10 10 1	110,000,000	
Last Name		Firs	and the second s		V. 1775 1777	227-7	MI
Brennan		Lia	im				
Residential Street Address	Cit	•			State	Zip	Code
28 Elmwood Rd		lew l	laven		СТ	06	515
Principal Occupation Attorney			Name of Employer  City of Hartford				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of	f \$400 to s	a cand	<u> </u>	c officer of a municipality	/ L Am	ount.	of Contribution
or dependent child of a lobbyist? No does contributor or business I valued at more than \$5,000?	he/she is a				\$10		i Communica
event reported in Section L1? On No If yes, indicate which	ch branch	i or br		No No			
If yes, list Event # of government the c	CONTRACT IS			OLegislative	4		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	- 1	Date Received 03/31/23	Aggregate Contributions \$100			
Last Name		First	:				MI
Cotto		Lui	is				
Residential Street Address	City	y			State	Zìp	Code
280 Harvard St	Ca	ambi	ridge		MA	02	139
Principal Occupation Name of Employer							
unemployed unemployed							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No \$50					f Contribution		
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes No No Is contributor a principal of a state contractor or prospective state contractor?  No N							
If yes, list Event # of government the contract is with:							
Method of Contribution:    Date Received   Aggregate Contributions     OCash   OPersonal Check   OCredit/Debit Card   OPayroll Deduction   OMoney Order   03/31/23   \$50							
Last Name		First			<u>-</u>		Ml
		1_					
Residential Street Address	Cit	ty		· · · · · · · · · · · · · · · · · · ·	State	Zip	Code
Principal Occupation			Name of Employer				<del></del>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O No does contributor or business by valued at more than \$5,000?	he/she is a				, Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1?  System Is contributor a principal of No If yes, indicate which is the section L1?			tractor or prospective state	e contractor? Yes			
If yes, list Event # of government the contract is with:							
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Or	- 1	Date Received	Aggregate Contributions			
SUBTOTAL Section B — This Page \$150							
TOTAL of additional Section B Pages \$3984							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Figure 10tol on View 13, Column 4 of Summary Born, Totals)  \$4143							
(Enter total on	ı Line 13,	Colm	nn A of Summary Page	Totals)			