SEEC FORM 20

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

2023 JUL 10 PH 22 Only Do Not Mark in This Space For Official Use Only

Page 1 of 17

COVER PAGE

							7 7			
1. NAME OF COMMITTEE							هم اس			
Josh for Hartford										
2. TREASURER NAME			37.030							
First		МІ		Last						Suffix
Camryn				Kessler						
3. TREASURER ADDRESS	DRESS									
Street Address		City						State		Code
73 Imlay St			Hart	tford				CT	06	105
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only	if Candidate	? Committee)				6. DIST	TRICT NUMBER
(mm/dd/yyyy) 11/07/2023	City Council	City Council							(if applicab	le)
7. CANDIDATE NAME (Complete only if C	Candidate or Explorato	ry Committee)	Baaraa a							
First		MI Last								Suffix
Josh			1	Michto	m					
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	7th day preced	ding primar	y	O7th	day preceding	g referendum				or Disbursement
April 10 filing	30 days follow			O 45	(PACs ONLY) 45 days following referendum Amendment to					
OJuly 10 filing	7th day preced	ding election	n	Deficit			Type of Report:			
October 10 filing	O12th day prece			Termination			_			***************************************
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	wing election								4
9. PERIOD COVERED										
	Beginning Da	te			Ending	g Date				
	April 1, 2023			thru	June 30, 20)23				
10. CERTIFICATION										
	10.00 Tel. 15 10 10 10 10 10 10 10 10 10 10 10 10 10	Appendix and purpose and an		National Assessment	<u> </u>	s to take the stage of the second stage of the second seco	***************************************			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.										
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		PRIN	AMAY IT NAME	of signer	ssler_	# .		DATE	(0/23 (mm/dd/yyyy)

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

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 July 10 filing	
Josifioritationa	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	3,925.95	
13. Contributions Received from Individuals (Sections A and B)	6244.69	10,378.69
14. Receipts from Other Committees (Sections C1 and C2)	250.00	250.00
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)	6,494.69	10,628.69
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	10,420.63	10,628.69
19. Expenses Paid by Committee (Section P)	270.43	478.49
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	10,150.20	10,054.80
21. In-Kind Donations not Considered Contributions Received (Section L4)	200.00	366.66
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)	387.06	387.06
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 Reposite		TYPE OF REPORT				
Josh for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	e na na nakata Ginta a kila da k	his Period ONLY OTAL SECTION A	\$			
		outions from Indivi	duals			
Last Name Steadman	- I	_{irst} Iennifer			MI	
Residential Street Address	City			State	Zip Code	
105 Orchard Road	Wes	t Hartford	06117			
Principal Occupation		Name of Employer	1011 5 111	· · · · · · · · · · · · · · · · · · ·		
Nonprofit executive director		Aurora Women and			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business he valued at more than \$5,000?			with said municipality	/, Amo \$50	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal If yes, indicate which of government the co	h branch or		e contractor? Yes OLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OM	Aoney Order	Date Received 4/8/23	Aggregate Contributions \$50			
Last Name	1	irst	<u> </u>		МІ	
Duff	C	Christopher				
Residential Street Address	City			State CT	Zip Code 06067	
1108 New Britain Ave	Rock	(y Hill Name of Employer		GI	00007	
Principal Occupation Account Executive		Health Edge				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of states of the specific contribution of the specific contribution of the specific contribution is in excess of states of the specific contribution of the specific contribution is in excess of specific contribution of the specific contribution is in excess of specific contribution in excess of specific contribution is in excess of specific contribution in excess of specific contribution is in excess of specific contribution in excess of specific contribution is in excess of specific contribution in excess of specifi				', Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which of government the co	h branch or	ith: Executive	te contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM			\$50	<u></u>		
Last Name Bryan	l l	irst /al			МІ	
Residential Street Address	City			State	Zip Code	
180 Beacon St.	Hart	ford		CT	06095	
Principal Occupation Retired		Name of Employer Retired			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of Contribution of Contribution of Contribution of Contribution of Contribution is in excess of Contribution of Contribution is in excess of Contribution of Contribution is in excess of Contribution of Contribution of Contribution is in excess of Contribution of Contribution is in excess of Contribution of Contribution is in excess of Contribution of Contribution of Contribution is in excess of Contribution of Contribut				/. Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal If yes, indicate which of government the co	h branch or		O Legislative ONo			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction ON	Aoney Order	Date Received 4/13/23	Aggregate Contributions \$50			
S	UBTOTA	AL Section B — This	Page \$100		<u></u>	
ТО	TAL of a	dditional Section B F	Pages \$6144.69			
TOTAL OF ALL CONTRIBUTIONS F (Enter total on)		DIVIDUALS (Sections A Jumn A of Summary Page				

I. MONETARY RECEIPTS (Sections A-K)

Josh for Hartfo	MITTEE <i>(Provide Comp</i> Ord	dete Name as Registered	with Filing Reposi	itory)		TYPE OF REPORT July 10 filing					
		C1.	Contributio	ons from Ot	her Cor						
Name of Committee				The Total Control of States	Name of T	reasurer	<u> </u>	54.4			
Middlesex Are	a Team for Tomorr	row PAC			Robert	Downes					
Address				Is this contri	bution assoc	ciated with an Oyes ONo	Amount o	f Contributio			
62 Grove St				event reporte	d in Section	n L1? s, list Event#	\$250				
City		State	Zip Code	Date Recei		Aggregate Contributions	-				
West Hartford		CT	06110	6/30/23	1	\$250					
Name of Committee		<u></u>		<u></u>	Name of T	reasurer		-			
· 											
Address		<u> </u>		Is this contril	bution assoc	siated with an Yes No	Amount o	f Contributio			
	4-144			event reporte	ed in Section	a L1? s, list Event #					
City		State	Zip Code	Date Recei	ved	Aggregate Contributions					
Name of Committee					Name of T	reasprer					
IVALIE OF COMMISSION						· Custra.					
Address			4	T- 85.1aut	2000		Amounto	f Contribution			
Aduless	event reported in Section L1?						i Contribum				
						s, list Event # Aggregate Contributions					
		Ctate	O. A.	F Data Recei	***	AUSTERNIC CAMPULATIONS	1				
City		State	Zip Code	Date Recei	veu	1.58.454.0 - 4.11.10.11.01.1					
City											
	C 2.				itions fro	om other Committees					
City Name of Committee	C 2.					om other Committees					
Name of Committee	C2.			lus Distribu	itions fro	om other Committees					
	C2.				itions fr	om other Committees	State	Zip Code			
Name of Committee		Reimbursemer		lus Distribu	itions fr	om other Committees	State	Zip Code			
Name of Committee	Expenditure # (if applicable)	Reimbursemen	nts or Surpl	lus Distribu	itions fr	om other Committees		Zip Code			
Name of Committee	Expenditure #	Reimbursemen		lus Distribu	itions fr	om other Committees					
Name of Committee	Expenditure #	Reimbursemen	nts or Surpl	lus Distribu	itions fr	om other Committees					
Name of Committee Address Date Received Description	Expenditure #	Reimbursemen	nts or Surpl	lus Distribu	Name of T	om other Committees reasurer					
Name of Committee Address Date Received	Expenditure #	Reimbursemen	nts or Surpl	lus Distribu	itions fr	om other Committees reasurer					
Name of Committee Address Date Received Description Name of Committee	Expenditure #	Reimbursemen	nts or Surpl	City expense OS	Name of T	om other Committees reasurer	Amoun	t of Receipt			
Name of Committee Address Date Received Description	Expenditure #	Reimbursemen	nts or Surpl	lus Distribu	Name of T	om other Committees reasurer					
Name of Committee Address Date Received Description Name of Committee	Expenditure # (if applicable)	Reimbursemen Payment Type OReimburser	nts or Surpl	City expense OS	Name of T	om other Committees reasurer	Amoun	z of Receipt			
Name of Committee Address Date Received Description Name of Committee	Expenditure #	Payment Type OReimburser Payment Type	nts or Surpl	City City City	Name of T	om other Committees reasurer ibution	Amoun	t of Receipt			
Name of Committee Address Date Received Description Name of Committee Address Date Received	Expenditure # (if applicable) Expenditure #	Payment Type OReimburser Payment Type	nts or Surpl	City City City	Name of T	om other Committees reasurer ibution	Amoun	z of Receipt			
Name of Committee Address Date Received Description Name of Committee	Expenditure # (if applicable) Expenditure #	Payment Type OReimburser Payment Type	nts or Surpl	City City City	Name of T	om other Committees reasurer ibution	Amoun	z of Receipt			
Name of Committee Address Date Received Description Name of Committee Address Date Received	Expenditure # (if applicable) Expenditure #	Payment Type OReimburser Payment Type	nts or Surpl	City City City	Name of T	om other Committees reasurer ibution	Amoun	z of Receipt			
Name of Committee Address Date Received Description Name of Committee Address Date Received	Expenditure # (if applicable) Expenditure #	Payment Type OReimburser Payment Type	ment for shared e	City City City	Name of T Name of T Name of T	om other Committees reasurer ibution reasurer	Amoun	z of Receipt			
Name of Committee Address Date Received Description Name of Committee Address Date Received	Expenditure # (if applicable) Expenditure #	Payment Type OReimburser Payment Type	ment for shared of sement for shared of SUBTO	City City City City	Name of T Name of T Surplus Distr	om other Committees reasurer stribution his Page \$250.00	Amoun	z of Receipt			
Name of Committee Address Date Received Description Name of Committee Address Date Received	Expenditure # (if applicable) Expenditure # (if applicable)	Payment Type OReimburser Payment Type	ment for shared of sement for shared of SUBTO	City City City City DTAL Section of additiona	Name of T Name of T Surplus Distr	om other Committees reasurer ibution reasurer stribution his Page \$250.00 C Pages	Amoun	z of Receipt			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registere. Josh for Hartford		TYPE OF REPORT July 10 filing				
	D. Loans	Receiv	ed this Period			
Name of Lender			Source of Loan: OBank Canc	lidate 🔘 Individua	Other	Date of Receipt
Street Address	City		<u> </u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u> '</u>	•				Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Cand	lidate 🔘 Individua	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>	Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan; OBank Cand	didate 🔘 Individua	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)				·	•	Amount Received
Street Address	City			State	Zip Code	· '
			TOTAL SECTI	ION D		
E. Receipts from Entities othe	er than Indiv	viduals	or Other Com	nittees (Referen	dum Committe	es ONLY)
Street Address	,			Date Received		Amount Received
City	···	State	Zip Code	Aggregate Contrib	utions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity	<u> </u>	1		<u> </u>	<u>-</u>	
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	·
		1	TOTAL SECT	ION E		

I. MONETARY RECEIPTS (Sections A-K)

	E (Provide Complete Name as Registered	with Filing Repository)		TYPE OF REPO	
Josh for Hartford				July 10 filing	
N	. Amount Transferred fr	om Affiliated Busi	ness Treasury (Bu	siness Entity Comm	ittees ONLY)
Date of Receipt	Is this transaction associate event reported in Section L	d with an Pyes 1	fyes, list Event#		Åmount
Date of Receipt	Is this transaction associate event reported in Section L		f yes, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section L	1 40	f yes, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section L	7	f yes, list Event #		Amount
			TOTAL SECTION	ONF	
G. Amount Ti	ransferred from Affiliated		Other Organizatio		anization Committees ONLY)
Date of Receipt	Da	te of Receipt		Date of Receipt	
A	amount	Am	ount		Amount
			TOTAL SECTION	NG	
	H. Personal Funds of th	e Candidate Recei	ved this Period <i>(C</i>	Candidate Committe	es ONLY)
Date of Receipt	Method of payment:				Amount
	O Cash	Personal Check	Credit/Deb	oit Card	
Date of Receipt	Method of payment:				Amount
	Cash	Personal Check	Credit/Deb	oit Card	
Date of Receipt	Method of payment:				Amount
	O Cash	Personal Check	Credit/Deb	it Card	
Date of Receipt	Method of payment:				Amount
	O Cash	Personal Check	Credit/Deb	oit Card	
			TOTAL SECT	TION H	
		I. Anonymous	Contributions		
		Janyanjanous			

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

Revised January 1015	I. MONETAKT RECEIT IS (Se	ctions A IX)					
NAME OF COMMITTEE (Provide Complet	e Name as Registered with Filmg Repository)		TYPE OF REPORT				
Josh for Hartford		July 10 fi	ling				
	J. Interest from Deposits in Authorized	252227					
Name of Institution		Date Receiv	ed	Amount			
Street Address	City	State	Zip Code				
Sirect Address	City	State	Zip Code				
Name of Institution		Date Receiv	ed	Amount			
Street Address	City	State	Zip Code				
	TOTAL	SECTION J					
K J	Miscellaneous Monetary Receipts not Consid	ered Contributi	ons				
Name	viscenaneous monetary Accerpts not consid		of Transaction	Amount Received			
				Amount Received			
Street Address	City	State	Zip Code				
Description			<u></u>	_			
Description							
Name		Date of	of Transaction	Amount Received			
Street Address	City	State	Zip Code				
Description							
•							
Name		Date o	of Transaction	Amount Received			
		154-4-	[7]. C. 1.				
Street Address	City	State	Zip Code				
Description	1			_			
Name		Date	of Transaction	Amount Received			
Street Address	City	State	Zip Code				
Description	•						
	TOTAL SECT	TION K					
SUMM	ARY OF OTHER MONETARY RECEIPTS	(Sections D thro	ough K)				
Total Loans Received this Period (Se	ection D)						
	an Individuals or Other Committees (Section E)	+		AND LOCAL TO A STATE OF THE STA			
Total Amount Transferred from Affi		+					
Total Amount Transferred from Affi	iliated Labor Union or Other Organization Treasury ((Section G) +		·			
Total Amount of Personal Funds of t	the Candidate Received this Period (Section H)	+					
Total Amount of Interest from Depo	sits in Authorized Accounts (Section J)	+					
	pts not Considered Contributions (Section K)	+					
	Total of Other M		S S	· · ·			
(Ad	d Sections D through K) (Enter total on Line 15, Column A						

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Josh for Hartford		April 10 filing						
	L1. Even	t Information						
Event # Date of Event Letter 05/06/23 A	COBA fundraiser		Was this a fur	ndraising event?				
Location: Street Address		City	State	Zip Code				
81 Pope Park Hwy		Hartford	CT	06106				
Subpart 1: (All Committee Was this event hosted at	-	Yes (If yes, go to Section L5 In-Kind Donations in Associated with a House Party and complet purchases made by host(s) for food, beverage a	e required infor					
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations r and complete required information.)	not Considered	Contributions				
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Receipts here.) No	\$					
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Com- advertising space in a program book or on a fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertion or on a Sign and complete required information No		Program Book				
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo \$						
Event #	Description							
Date of Event Letter 06/24/23 A	Michtom Birthday Fundraiser		Was this a fur	ndraising event? ONo				
Location: Street Address		City	State	Zip Code				
135 Madison Ave		Hartford	CT	06106				
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No						
	le goods or services donated by a business entity mated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) No	not Considered	Contributions				
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Receipts here.) No	\$					
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertor or on a Sign and complete required information No		Program Book				
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	\$					
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fo	rom Sale of Donated Items — This Page						
		tion L1—Subpart 3 (Town Committees ONLY) eipts from Food Purchases — This Page						
		TOTAL of additional Section L1 Pages						
		EIPTS FROM SMALL PURCHASES on Line 16a, Column A of Summary Page Totals)						

	er Public Act 11-48 vidual purchases from	•	•					
NAME OF COMMIT	TTEE (Provide Complete Name	as Registered with Filing Reposite	oπ/}		TYPE OF REPOR	T A BASE		
Josh for Hartford					June 10 filing			
	L3. Pu	rchases of Advertisi	ng in a Progi	ram Book or o	n a Sign			
Name of Purchaser	and the section of the first of the section of the					Purchase Mad	e By:	
					Business Entity Other			
				[(🔘 Individua	al/Sole P	roprietorship	
Street Address			City			State	à	Zip Code
i.								
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purchas	e Amou	nt of Si	gn Purchase
			· · · · · · · · · · · · · · · · · · ·					
Name of Purchaser						Purchase Mad	-	
				1	Business		Other	
0			Ta:					roprietorship Zip Code
Street Address			City			State	1	Zip Code
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purchas	e Amou	int of Sig	gn Purchase
Name of Purchaser						Purchase Mad	e By:	
						Business	Entity	Other
					(O Individu	al/Sole P	roprietorship
Street Address			City			State	è	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purchas	e Amoi	ınt of Sig	gn Purchase
Name of Purchaser				1		Purchase Mad	e Ru:	
TREME OF T HEORISON					- 1	Business	-	Other
						~		roprietorship
Street Address			City			State		Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	e Amou	ınt of Si	l gn Purchase
				İ				
Name of Purchaser						Purchase Mad	e Bv:	· · · • · · · · · · · · · · · · · · · ·
Name of Parchase					I	Business	-	Other
					i	Ξ		roprietorship
Street Address			City			State		Zip Code
5.5.1	E 48	A company to Distribution	for All Frants					<u> </u>
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purchas	e Amou	int of Sig	gn Purchase
	SUBTOTAL Sect	ion L3 Total Purchases of	Advertising in	Program Book –	– This Page	<u> </u>		
	SUBTOT	AL Section L3 Total Purc	chases of Adver	rtising on a Sign –	— This Page			
			TOTAL	f additional Section	on L3 Pages			
T	OTAL OF ALL PURCH			RAM BOOK or Com A of Summary				

	gistered with Filing Reposito	ny)		PE OF REPORT				
			Apr	il 10 filing				
L4. In	-Kind Donations	s Not Consid	lered Contributio	18				
ıy		- Lau		<u> </u>	- I o	T#: 0.1		
		'				Zip Code		
		Hartford			CI	06106		
-				Fah	· Market V	alue of Donation		
space rental					00.00			
	Event #	₽						
05/06/23	050623A		\$200					
treet Address					State	Zip Code		
Description of Donation				Fair	· Market V	alue of Donation		
Date Received	Event#		Aggregate Value for this	Event				
· · · · · · · · · · · · · · · · · · ·		-						
		City			State	Zip Code		
		Hartford				ļ		
Description of Donation				Faj	· Market V			
					ran planker value of Donation			
Date Received	Event #		Aggregate Value for this	Event				
						<u> </u>		
		City			State	Zip Code		
Description of Donation				Fair	Mouleat V	alva of Donotion		
Door paon of Dominon				Fall	warket v	ние от ропхион		
Date Received	Event #		Aggregate value for this	Event				
						<u>-</u>		
	SUB	STOTAL Section	on L4 — This Page	\$200.00				
	TOT	AL of addition	al Section L4 Pages					
LOFALLIN KIND DO	ONATIONS NOT CO	ONGINEDEN	CONTRIBUTIONS		***			
				\$200.00				
same and the second of the stage of the second states of the second states of the second states of the second seco		ra jeja na manovina sa kasama katalifi in A	And the control of th					
100 100 100 100 100 100 100 100 100 100								
	Description of Donation Space rental Date Received 05/06/23 Description of Donation Date Received Description of Donation Date Received	Description of Donation space rental Date Received	Description of Donation Space rental Date Received 05/06/23 Description of Donation Date Received Date Received Date Received Date Received Event # City Hartford City Hartford City City City Description of Donation Date Received Event # Substitute of Donation Date Received Event # Substitute of Addition At OF ALL IN-KIND DONATIONS NOT CONSIDERED	City Hartford	Description of Donation space rental Date Received Description of Donation Description of Donation Date Received Description of Donation Description of Donation Date Received Descripti	L4. In-Kind Donations Not Considered Contributions V		

NAME OF COMMIT	FEE (Provide Complete Name as Registered with Filing Rej	pository)		David, tales a acres en inne inne inne	TYPE OF RE	PORT	
Josh for Hartford	AMOUNTAIN TO THE TOTAL THE TOTAL TO AL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH				July 10 filir		
	L5. In-Kind Donations Not Consider	ered (Contributions Associa	ted with a F			
Name of Host	Lis. In-Kind Donations 110t Coassact	crea (Is this event s	supporting m OYes ON	ore than o	
Street Address			City			State	Zip Code
Description of Donation					Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this I	nost/candidate			
committee?						rty more than one candidate or No ization in Addendum L5 State Zip Code arket Value of Donation more than one candidate or No ization in Addendum L5 State Zip Code arket Value of Donation more than one candidate or No ization in Addendum L5 State Zip Code arket Value of Donation more than one candidate or No ization in Addendum L5 State Zip Code arket Value of Donation	
Street Address			City	1 -5,7-05,000	·		
Description of Donation					Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
Name of Host	,			committee?	OYes ON	o	
Street Address			City			·	
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
Name of Host				committee?	OYes ON	o	
Street Address			City	-		State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
		SUB	TOTAL Section L5 —	This Page			
			L of additional Section				
	AL OF ALL IN-KIND DONATIONS NO ITH A HOUSE PARTY (Enter total on					· · ·	

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	Name as Registe	ered with	Filing Repository)				F REPORT			
Josh for Hartford		- Trevers		er trade di		July 10	filing			
			M. In-Kind Con	ıtri —	butions					
Name										
Street Address				City	у			State	Zip Code	
Type of contributor: Committee	Date Received	<u> </u>	Aggregate Contributions	上	Description of In-Kind	Contributio	n		<u> </u>	
OIndividual / Sole Proprietorship Oother		I								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		butor or b	excess of \$400 to a candid business he/she is associat \$5,000?	ated v				Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Pres Is of No	<i>If yes</i> , i		cipal of a state contractor or prospective state contractor? Which branch or branches					or this Contribution	
Name		Fi			<u> </u>					
Street Address			<u> </u>	City	/			State	Zip Code	
Type of contributor: OCommittee OIndividual / Sole Proprietorship Oother	Date Received		Aggregate Contributions	<u></u>	Description of In-Kind	Contributio	n		<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Duyist, spouse, 168 door contributes on hydrone he/ake in accognited with horse a contract with said municipality.							Market Value s Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	O No	If yes, i	tor a principal of a state coindicate which branch or rnment the contract is with	r bra:		_	O No			
Name										
Street Address				City				State	Zip Code	
Type of contributor: Committee Olindividual / Sole Proprietorship Other	Date Received		Aggregate Contributions		Description of In-Kind	Contribution	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		ibutor or	excess of \$400 to a candi business he/she is associan \$5,000?	atcd				Fair Market Value of this Contribution		
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	O No	If yes, i	tor a principal of a state coindicate which branch or rument the contract is with	r bra			⊘ No			
			SUBTOTAL	Sec	ction M — This Pa	ge			<u> </u>	
			TOTAL of add	litio	nal Section M Pag	es				
TOTAL OF ALL IN-KIND CON	TRIBUTIO	ONS Œ								
	N. P	Refund	lable Deposit to T	ele	enhone Compar	1V				
Last Name of Individual			First	S. S. Charles		e Procession and a second	MI	Date Deposi	t Made	
Residential Street Address			City			State	Zip Code		Amount of Deposit	
Name of Telephone Company					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	-		
Street Address			City			State	Zip Code	_		
TOTAL SI	ECTION N	(Enter 1	total on Line 24, Column	1 A 0	f Summary Page Tote	als)				

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

RETURN DENGETY 2013				*************			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT July 10 filing			
Josh for Hartford		D:11 6	July 10 ming				
	P. Expenses	Paid by Committee		Halletteller	Andria (to esta tennena para)		
Name of Payee	Date of Payment	Method of Chec	f Payment:				
Google Suite			5/31/23	O Debi			
Street Address		City		State	Zip Code		
1600 Amphitheat	re Pkwy	Mountain View		CA	94043		
Purpose of Expenditure	Description		Event#		Amount		
(by code) WEB	email hosting	4		\$3.46			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind control of the	ere) 🚺 Independ					
Name of Payee			Date of Payment	1 -	f Payment:		
Anedot			var	Chec			
Street Address		To:		O Debit			
	0. 1. 4770	City		State	Zip Code		
1340 Poydras Stre		New Orleans	Event #	LA	70112		
Purpose of Expenditure (by code) WEB	Description		Event #	1	Amount		
WEB	Fundraising fees			\$266.97			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below Coordinated with reimbursement sought (joint expenditu						
	Coordinated without reimbursement sought (in-kind cont	· —	tion OA OB OC OD				
Name of Payee			Date of Payment	Method of Chec	k#		
Street Address		City		O Debit	t Card © EFT Zip Code		
				State	13.17 0040		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought)	ure)					
Name of Payee			Date of Payment	Chec			
Street Address		City		O Debi State	t Card CEFT Zip Code		
Sitest Address		City		State	Lip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind control of the	re) 🜔 Independ	·		:		
		SUBTOTAL Section P —					
	TC	OTAL of additional Section	on P Pages				
	TOTAL OF ALL EXPL	ENSES PAID BY COM ne 19, Column A of Summary					
	a enggan na status kan kan kan kan kan gapis in manaharan kan kan kan kan kan kan kan kan kan k		1.18 r v v v v v v v v v v v v v v v v v v				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	ν)	TYPE OF REPORT				
Josh for Hartford			July 10 filing				
	Q. Campaign Exp	penses Paid by Cand	idate				
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?		
Costco			6/23/23		Yes 🗿 No		
Street Address		City		State	Zip Code		
405 Hartford Rd		New Britain		СТ	06053		
Purpose of Expenditure	Description		Event #		Amount		
Purpose of Expenditure (by code) FOOD	food and drink for fundraiser		062423A	\$387.0	06		
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?		
					Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #	-	Amount		
(by code)	: девоприон				Amount		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?		
					Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)					Amount		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?		
					Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?		
					Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment		bursement claimed? Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	1	Event #		Amount		
			This Page \$387.06		<u> </u>		
		SUBTOTAL Section Q -					
	TC	OTAL of additional Secti	on Q Pages	··- <u></u>			
	TOTAL OF ALL EXI (Enter total on Li	PENSES PAID BY CA ne 26, Column A of Summai					

NAME OF COMMITT Josh for Hartford	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT July 10 filing				
	R. Expens	ses Incurred on Committee	Credit Card		
Name of Issuing Insti	tution	Type of Credit Card: O Visa OMa		American Express Oother:	
Name of Vendor, Person of	or Entity		anna da la de la Carta Majaragana a mana da la de la Carta Majaragana a mana da la cha de la Carta Majaragana a	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 Addendary None of the below Coordinated with reimbursement sout Coordinated without reimbursement s	ght (joint expenditure)	elow" is checked) Independent Organization: OA OB O	С 🔘 В	
Name of Vendor, Person	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 Addenoted None of the below Coordinated with reimbursement sour Coordinated without reimbursement sour	ght (joint expenditure)	elow" is checked) Independent Organization: OA OB O	C 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 # (if applicable)	Type of Expenditure (Itemization in Addense None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure)	elow" is checked) Independent Organization: OA OB O	c Op	
		SUBTOTAL Section	R — This Page		
		TOTAL of additional Se	ection R Pages		
To	TAL OF ALL EXPENSES INCU (En	RRED ON COMMITTEE Clear total on Line 27, Column A of Sun			

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repos.	iitory)	TYPE OF REPORT	Γ	
Josh for Hartford			July 10 filing		
	S. Expenses Incurred by Co	ommittee but N	ot 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 atimate or Actual)
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	(penditure)	the below" is checked) Independent Organization: OA OB OC	O ^D	
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 Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	penditure)	the below" is checked) Independent Organization: OBOC	O Þ	
Name of Creditor		14 ⁴⁴ .		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 Requestion None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit	spenditure)	the below" is checked) Independent Organization: O1 OB OC	O D	
		SUBTOTA	L Section S-This Page		
		TOTAL of add	itional Section S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE D (Enter total		RIOD BUT NOT PAID A of Summary Page Totals)		
	Previously reported	Expenses Unpaid	and still Outstanding		
	TOTAL OF ALL EXPENSES INCUR (Enter total o		TTEE BUT NOT PAID A of Summary Page Totals)		

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Reposit	ory)		PE OF REPORT ly 10 filing	
	T. Itemization of Reim	hursements			
Last Name of Worker/Cons		First	and pecondary a	<u>Мі</u>	Date of Payment to Vendor,
Distriction of Workshop Cons				1411	Person or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant		············	Payment to Reimburse reported in Section P:	Committee Worker/Consultant as
				O Check #	_ O Debit Card OEFT
Street Address of Vendor, I	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 Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin)	penditure)	of the below" is checked) Ondependent Organization: o A	000	
Last Name of Worker/Cons	ultant	First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			Payment to Reimburse reported in Section P: Check #	Committee Worker/Consultant as Debit Card DEFT
Street Address of Vendor, F	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 Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	oenditure)	of the below" is checked) Independent Organization: A		
Last Name of Worker/Cons	ultant	First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	_ .		Payment to Reimburse reported in Section P:	Committee Worker/Consultant as Debit Card EFT
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City	,		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum T Requi	enditure)	of the below" is checked) Independent Organization: o A	000	
		SUBTOTAL	. Section T — This Pa	ge	
		TOTAL of ad	ditional Section T Pag	ges	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSULTAN	TS	
-					

Section B ADDITIONAL PAGE 1

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Josh for Hartford	July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Co	ntributions from Indiv	viduals		
Last Name Hamilton	First Susan			MI
Residential Street Address	City		State	Zip Code
68 Meadowbrook Rd	W Hartford		CT	06107
Principal Occupation	Name of Employer		I	<u> </u>
Attorney	State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	y, Amo \$50	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 bra of government the contraction.		No No		
Method of Contribution: Cash Personal Check Cedit/Debit Card Payroll Deduction Money	Date Received 4/21/23	Aggregate Contributions \$50		
Last Name	First			MI
Walton	Tiffany			
Residential Street Address 990 Capitol Ave	City Hartford		State CT	Zip Code 06106
Principal Occupation	Name of Employer			100100
Grants Program Director	CBF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No No No No No		ct with said municipality	y, Amo	unt 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	ct is with: Executiv	tate contractor? Yes O Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received 4/28/23	Aggregate Contributions \$25		
Last Name	First Sarah			MI
White Paridonial Street Address	City		State	Zip Code
Residential Street Address 167 Beacon St	Hartford		CT	06105
Principal Occupation	Name of Employer		<u>J</u>	
Attorney	CT Fair Housing (Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	y, Amo \$25	ount of Contribution
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received 5/2/23	Aggregate Contributions \$25		
SUB'	FOTAL Section B — Th	is Page \$100		
тота	L of additional Section B	Pages \$6144.69		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Section: 13, Column A of Summary Pag			

Section B ADDITIONAL PAGE ² of ³⁴

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			July 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
	B. Itemized Cor	ıtribı	utions from Indivi	duals			
Last Name		Fir	st				MI
Osmanu		Al	bdul				
Residential Street Address	1	City	•		State	Zip C	
91 North St		Hamo			СТ	065)14
Principal Occupation			Name of Employer				
Field Director			Self-employed	· · · · · · · · · · · · · · · · · · ·			
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to ses contributor or business he/she lued at more than \$5,000?				/, Amo \$25	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	• • • • • • • • • • • • • • • • • • •	ich or b	oranches	e contractor? Yes No			
Method of Contribution:			Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	5/4/23	\$25			
Last Name		Fir	st	<u> </u>			MI
Medina		М	elvin				
Residential Street Address		City			State	Zip (Code
57 Charter Oak Ave		Hartfo	ord		СТ	061	106
Principal Occupation			Name of Employer			<u> </u>	
Advocacy			The Connecticut Pr	oject			
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 t es contributor or business he/she lued at more than \$5,000?				/, Amo		f Contribution
ls this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a s If yes, indicate which braid of government the contract	nch or l	branches	te contractor? Yes No Legislative			
Method of Contribution:				Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	5/4/23	\$100			
Last Name		Fir					MI
Lebron		L	uci				
Residential Street Address	į.	City			State		Code
184 Preston St		Hartf			СТ	00	114
Principal Occupation			Name of Employer				
Program Operations Coordinator			Scriptflip				
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to see contributor or business he/she lued at more than \$5,000?				y, Amo \$25	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	Date Received 5/4/23	Aggregate Contributions \$25			
	SUBT	ОТА	L Section B — This	Page \$150			
	TOTAL	of ac	Iditional Section B I	Pages \$6094.69		0.000	<u></u>
TOTAL OF ALL	. CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections Aumn A of Summary Page				-

Section B ADDITIONAL PAGE 3 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Josh for Hartford	July 10 filing				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) SU	\$				
B, Itemized Cont	ributions from Indivi	duals			
Last Name Farrell	First Lindsay			МІ	
Residential Street Address Cit 169 Still Rd W	y /est Hartford		State CT	Zip Code 06117	
Principal Occupation Political strategist	Name of Employer Working Families P	arty			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executiv	e officer of a municipality	, 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 state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event #	te contractor or prospective stat	CLegislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney O	Date Received 5/4/23	Aggregate Contributions			
Last Name Carter	First Sarana			. M I	
Residential Street Address Cit 73 Cumberland St H	y artford		State CT	Zip Code 06106	
Principal Occupation Executive Director	Name of Employer A Better Way Found	dation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of government the contract in	h or branches is with: Executive	O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money On	rder 5/5/23	Aggregate Contributions \$25			
Last Name Wolf	First Nick			MI	
Residential Street Address 493 North Main St S	uffield		State CT	Zip Code 06114	
Principal Occupation Attorney	Name of Employer Attorney Nick Wolf				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Yes No No Is contributor a principal of a sta If yes, indicate which branch of government the contract in	n or branches s with: Executive	O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money O	Date Received 5/6/23	Aggregate Contributions \$13		•	
SUBTO	OTAL Section B — This	Page \$138.00			
TOTAL	of additional Section B I	ages \$6106.69			
TOTAL OF ALL CONTRIBUTIONS FROM 1	INDIVIDUALS (Sections A				

Section B ADDITIONAL PAGE 4 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Josh for Hartford	July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$			
B. Itemized Co	ntributions from Indivi	duals		
Last Name Kelly	First Khaiim			MI
Residential Street Address	City		State 2	Zip Code
361 Laurel St	West Hartford		- 1	2.19 Code 06117
Principal Occupation	Name of Employer			
Teaching Artist	Rapoet			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Oyes No	e officer of a municipality, with said municipality	Amour \$10	ıt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Yes Is contributor a principal of a If yes, indicate which bra of government the contra		⊙ No		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 5/6/23	\$10		
Last Name	First			МІ
Brown	Christopher			
Residential Street Address 121 Putnam Ave	City Hartford		1	Zip Code 06106
Principal Occupation	Name of Employer			
Bike Mechanic	Center for Latino Pi	rogress		
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?			Amour \$20	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Yes No If yes, indicate which bra of government the contra	ect is with: Executive	Legislative No		
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		Aggregate Contributions \$20		
Last Name	First			MI
Tatum	Steven		<u> </u>	
Residential Street Address 32 Ashley St	City Hartford			Zip Code 06105
Principal Occupation	Name of Employer			
Teacher	Hartford Public Sch	nools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?			, Атош \$25	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A 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: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Order 5/6/23	Aggregate Contributions \$25		
SUB	TOTAL Section B — This	Page \$55		
TOTA	L of additional Section B I	Pages \$6,189.69		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13, Column A of Summary Page			***************************************

Section B ADDITIONAL PAGE ⁵ of ³⁴

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			July 10 filing				
A. Total Contributions from S (See instructions for definition of Small	그는 눈이 하는 눈이는 어느는 하는 한 눈이는 한 문에 본 전에 하고 하는 것도 모든 하는 부분에서 한 번 하다는 한 번 없는 눈이 먹는 것 같다. 그는 것이 하는 것 같은 것이		nis Period ONLY OTAL SECTION A	\$			
	B. Itemized Cor	ntrib	utions from Indivi	duals			
Last Name	<u> </u>	1	irst				MI
Reese		L	lenae				<u></u>
Residential Street Address 12 1/2 Charter Oak Place		City Hartí	ford		State CT	1 -	Code 106
		Harti			C1	100	100
Principal Occupation Organizer			Name of Employer CSUAAUP				
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?				/, Amo	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	nch or	branches _	No No			
If yes, list Event # 050623A	of government the contrac	et is wi		O Legislative	_		
Method of Contribution: OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	Date Received 5/6/23	Aggregate Contributions \$25			
Last Name		Fi	rst				MI
Mills		К	ory				
Residential Street Address		City		· 	State	Zip	Code
1477 Park St		Hartf	ford		CT	06	106
Principal Occupation			Name of Employer				
Performance Manager			City of 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?				, Amo \$25	unt o	f Contribution
S	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative	→		
Method of Contribution:				Aggregate Contributions	7		
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order	5/6/23	\$25			
Last Name		Fi	irst				MI
Fredlund		J	ason				
Residential Street Address		City	r 1		State	1 '	Code
54 New Park Avenue		Hart			СТ	06	105
Principal Occupation			Name of Employer				
Consultant			Self-employed				
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?				y, Amo \$25	Amount of Contribution \$25	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A	Yes No Is contributor a principal of a state contractor or prospective state contractor?						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received Aggregate Contributions \$\frac{5}{6}/23\$ \$25							
	SUBT	TOT A	AL Section B — This	Page \$75			
			dditional Section B I				
TOTAL OF A	ALL CONTRIBUTIONS FROM	A IND		A + B) \$6244.60			
	(Enter total on Line	13, CO	uma A vj Summary Page	1 viais)			

Section B ADDITIONAL PAGE 6

of ³⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repository)	TYPE OF REPORT			
Josh for Hartford	-	July 10 filing			
A. Total Contributions from Small Contrib (See instructions for definition of Small Contributor)	\$				
	Itemized Contributions from Indivi-	duals		MI	
Last Name Hiskes	Rachel			1411	
Residential Street Address	City		State	Zip Code	
38 Sherbrooke Ave	Hartford		CT	06106	
Principal Occupation Planner	Name of Employer Social worker				
	is in excess of \$400 to a candidate for a chief executive or or business he/she is associated with have a contract than \$5,000? OYES ONO		Amo \$25	ount of Contribution	
event reported in Section L1? No If yes,	ntor a principal of a state contractor or prospective state indicate which branch or branches remment the contract is with:	e contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll	Date Received 5/8/23	Aggregate Contributions \$25			
Last Name Curtiss	First Nathan			MI	
Residential Street Address	City		State	Zip Code	
600 Dedham St	Newton		MA	02459	
Principal Occupation Case Manager	Name of Employer Symetra				
	is in excess of \$400 to a candidate for a chief executive ror business he/she is associated with have a contract than \$5,000?		Amo	unt of Contribution	
event reported in Section L1?	utor a principal of a state contractor or prospective stat, indicate which branch or branches wernment the contract is with:	C Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll	eduction Money Order Date Received 5/9/23	Aggregate Contributions \$25			
Last Name Buchanan	Linda			MI	
Residential Street Address 135 Linnmoore Street	city Hartford		State CT	Zip Code 06114	
Principal Occupation Retired	Name of Employer Retired	·			
	is in excess of \$400 to a candidate for a chief executive or business he/she is associated with have a contract than \$5,000? Yes No		, Am o	ount of Contribution	
event reported in Section L1?	ator a principal of a state contractor or prospective state indicate which branch or branches vernment the contract is with:	OLegislative ONo			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll	Date Received 5/9/23	Aggregate Contributions \$100			
	SUBTOTAL Section B — This	Page \$150			
	TOTAL of additional Section B I	Pages \$6094.69			
	BUTIONS FROM INDIVIDUALS (Sections A Enter total on Line 13, Column A of Summary Page				

Section B ADDITIONAL PAGE 7 of 34

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT				
Josh for Hartford				July 10 filing	July 10 filing			
A. Total Contributions from S (See instructions for definition of Small)			s Period ONLY TAL SECTION A	\$				
	B. Itemized Cor	ntribu	tions from Indivi	duals				
Last Name		First	t			MI		
Wolfe		Em	nily					
Residential Street Address	,	City			State	Zip Code		
596 Broadview Terrace		Hartfo	rd		CT	06106		
Principal Occupation			Name of Employer					
Manager of Nonprofit			Sheldon Oak Centr	al, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Am o	ount of Contribution		
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or br	anches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	Order	5/10/23	\$100				
Last Name		First	:			MI		
Foster		Eri	С					
Residential Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code		
761 3rd St. E		Saint F	Paul		MN	55106		
Principal Occupation			Name of Employer			<u> </u>		
Unemployed			Unemployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				y, Am o	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a solution of government the contract	nch or b	ranches	te contractor? Yes				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	Order	5/11/23	\$50				
Last Name		Firs	1	<u> </u>		MI		
McCudden		Th	omas					
Residential Street Address		City	······································		State	Zip Code		
1 Linden Place		Hartfo	ord		CT	06106		
Principal Occupation			Name of Employer					
Attorney			Federal Defenders	of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Am o	ount of Contribution		
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or bi	ranches	⊙ No				
Method of Contribution: Cash Personal Check OCredit/Debit Contribution:	ard OPayroll Deduction OMoney	/ Order	Date Received 5/9/23	Aggregate Contributions \$200				
	SUBT	ГОТАІ	Section B — This	Page \$350				
	TOTAL	L of ad	ditional Section B I	Pages \$5894.69		-		
TOTAL OF A	LL CONTRIBUTIONS FROM		VIDUALS (Sections A			·		
	(44mor rome on Line)					_		

Section B ADDITIONAL PAGE 8 of 34

NAME OF COMMITTEE (Provide Co	mplete Na	me as R	egistered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford						July 10 filing			
A. Total Contributions (See instructions for definition			아이들 살은 하면 하는 것 같아 모든 것이 없다고 살아 있다.		is Period ONLY OTAL SECTION A	\$			
				1118					
			B. Itemized Cor	ntribi	utions from Indivi	duals			
Last Name				Fire				N	νΠ
Conlon					orie 		l a	17:00	,
Residential Street Address 51 Rosewood Drive				City Glasto	onbury		State CT	Zip Cod 06033	
Principal Occupation					Name of Employer		L		
Teacher					Glastonbury Public	Schools			
	Yes No	does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				y, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8	Yes	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or b	oranches	_ (0) No			
Method of Contribution:				-	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCred	it/Debit (Card C	Payroll Deduction OMoney	Order	5/11/23	\$50			
Last Name Lambe				Firs Ar	st riel			M	MI
Residential Street Address				City			State	Zip Cod	le .
26 Beaver St				Hamo	den		MN	06514	
Principal Occupation					Name of Employer		<u> </u>		
Associate Professor					University of Conne				
	Yes No	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				% Amo	_	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Yes No	ls contributor a principal of a If yes, indicate which bra of government the contract	nch or t	branches	te contractor? Yes No Legislative			
Method of Contribution:					Date Received	Aggregate Contributions			
	it/Debit (Card (Payroll Deduction Money		5/11/23	\$25			
Last Name Manriquez				Fin	st andace			N	MΠ
Residential Street Address	<u></u>			City	· 		State	Zip Cod	de
21764 Don Gee Ct				Santa	a Clarita		CA	9135	0
Principal Occupation	_ 0.0			·——	Name of Employer				
Media Producer				,	Amazon				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				y, Ame \$50		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Yes No	Is contributor a principal of a suffyes, indicate which branched for government the contract	nch or b	oranches _	te contractor? OYes No Legislative			
Method of Contribution: Date Received Aggregate Contributions									
OCash OPersonal Check OCred	lit/Debit (Card C	Payroll Deduction OMoney	Order	5/11/23	\$50			
			SUBT	OTA	L Section B — This	Page \$125.00			
			TOTAI	」of ad	lditional Section B I	Pages \$6119.69			
TOT	AL OF	ALL C	CONTRIBUTIONS FROM			1 5N			<u> </u>
					umn A of Summary Page				

Section B ADDITIONAL PAGE ⁹ of ³⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Josh for Hartford		July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
				_	
B. Itemized Co	ontributions from Indivi	duals			
Last Name	First			MI	
LaPorte	Josh				
Residential Street Address	City		State	Zip Code	
87-15 165th St	Jamaica		NY	11432	
Principal Occupation	Name of Employer				
Librarian	St. John's University	/			
	to a candidate for a chief executive is associated with have a contract OYes ONo		5 Amou	Amount of Contribution \$50	
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		e contractor? Yes No No Legislative		ı	
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 5/11/23	\$50			
Last Name	First			МІ	
Cole	Jemaleddin				
Residential Street Address	City		State	Zip Code	
1035 Marlau Dr	Baltimore		MD	21212	
Principal Occupation	Name of Employer		<u></u>		
Programmer	Fastspot LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Yes No If yes, indicate which bra of government the contra	_	e contractor? Yes No Legislative			
Method of Contribution;	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 5/11/23	\$250			
Last Name	First			Мі	
Henchey	Andrea				
Residential Street Address	City		State	Zip Code	
185 Oxford St	Hartford		СТ	06105	
Principal Occupation	Name of Employer				
Teacher	Bloomfield Public S	Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No		, Amou \$50	unt of Contribution	
event reported in Section L1?	Section L1? No If yes, indicate which branch or branches No				
Method of Contribution:	Date Received v Order 5/11/23	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 0/11/23	\$50			
SUB ¹	TOTAL Section B — This	Page \$350.00			
ТОТА	L of additional Section B F	ages \$5894.69			
TOTAL OF ALL CONTRIBUTIONS FROM					
(Enter total on Line	13, Column A of Summary Page	Totals)			

Section B ADDITIONAL PAGE 10 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Josh for Hartford			July 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
	egisterin te			tries de c			
	ntribi Fir	utions from Individ	luais		l No.		
Last Name Thompson	1	nne			MI		
Residential Street Address	City			State	Zip Code		
983 West Boulevard	Hartfe	ord		СТ	06105		
Principal Occupation		Name of Employer		I			
Psychotherapist		Self-employed			•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Am	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches	contractor? Yes No				
	t is with	Date Received	Aggregate Contributions	\dashv			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/12/23	\$50				
			Ψ00				
Last Name Orihuela	Fin	arisol			MI		
Residential Street Address	City			State	Zip Code		
147 Livingston St.	New I	Haven		MD	06511		
Principal Occupation		Name of Employer					
Law Professor		Yale University					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				/, Am o	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1? If yes, list Event #	nch or t	branches	e contractor? Yes No Legislative				
Method of Contribution:		i i	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/12/23	\$50		:		
Last Name	Fir				MI		
Newport	M	lelanie					
· · · · · · · · · · · · · · · · · · ·	^{City} West	Hartford		State CT	Zip Code 06107		
Principal Occupation		Name of Employer		<u></u>			
Professor		University of Conne	ecticut		·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	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? If yes, list Event # Yes If contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: Executive Clegislative							
Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Omoney	Order	Date Received 5/18/23	Aggregate Contributions \$50				
SUBT	ОТА	L Section B — This	Page \$150.00	F			
TOTAL	of ac	Iditional Section B P	ages \$6094.69				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1)		IVIDUALS (Sections A					

Section B ADDITIONAL PAGE 11 of 34

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT		
Josh for Hartford			-·	July 10 filing		·
A. Total Contributions from Sm (See instructions for definition of Small Co			Period ONLY AL SECTION A	\$		
	B. Itemized Cor	over a militarita est para	ions from Individ	luals		
Last Name		First				MI
Sexton		Jam	ies 		1 _	1
Residential Street Address 53 Ledgewood Rd		City West H	artford		State CT	Zip Code 06107
Principal Occupation		L	Vame of Employer		0.	0010.
Attorney		ľ	Sexton & Company	. LLC		
	If contribution is in excess of \$400 t			·	/ Amo	unt of Contribution
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is associat	ted with have a contract OYes ONo	with said municipality	\$100	
1	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or bra	nches	contractor? Yes No Legislative		
Method of Contribution:		Γ		Aggregate Contributions	_	
Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	5/18/23	\$100		
Last Name		First				MI
Moynihan		Den	nnis			
Residential Street Address		City			State	Zip Code
249 Oxford St.		Hartfor			СТ	06105
Principal Occupation		1	lame of Employer	- Oala a alo		
Teacher			East Hartford Public			
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				/, Amor	unt of Contribution
ls this contribution associated with an event reported in Section L1? If yes, list Event #		nch or bra	inches	e contractor? Yes No Legislative		
Method of Contribution:		E	ate Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Car	rd Payroll Deduction OMoney	Order	5/19/23	\$25		
Last Name		First				М
Lewis		Dia	ne 		•	
Residential Street Address		^{City} Hartfor	ų		State CT	Zip Code 06114
69 Congress St					UI.	00114
Principal Occupation Case manager		1	Name of Employer Building Trades Tra	inina Institute		
	76 - sub-th-stion in in overage of \$400 t				. 1 1 ma	4 CG-tile don
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				\$25	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or bra	inches	e contractor? O Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney		Date Received 5/19/23	Aggregate Contributions \$25		
	SUBT	ΓΟΤΑL	Section B — This	Page \$150.00		
	TOTAL	L of add	itional Section B P	ages \$6094.69		
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line 1		IDUALS (Sections A in A of Summary Page		h.i.	

Section B ADDITIONAL PAGE 12 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Josh for Hartford	July 10 filing	July 10 filing				
A. Total Contributions from Small Contributors-Receives (See instructions for definition of Small Contributor)	\$					
B. Itemized Co	ontributions from Indiv	iduals		Mī		
Mira	Helder			,		
Residential Street Address	City		State	Zip Code		
128 N Beacon St	Hartford		CT	06105		
Principal Occupation Multimedia producer	Name of Employer Trinity College					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?		ct with said municipality	5 Amo	Amount of Contribution		
	state contractor or prospective stanch or branches	ate contractor? Yes		1		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 5/21/23	Aggregate Contributions \$50				
Last Name Cerritelli	First Rhoda			MI		
Residential Street Address	City		State	Zip Code		
396 Saybrook Rd	Higganum		CT	06441		
Principal Occupation	Name of Employer					
Manager	HartBeat Ensembl	e				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			5 Amor	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which broof government the contributor aprincipal of a If yes, indicate which broof government the contributor.		ate contractor? Yes No Legislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Received y Order 5/23/23	Aggregate Contributions \$50				
Last Name Bermudez	First Pedro			МІ		
Residential Street Address	City		State	Zip Code		
233 Pearl St	Hartford		СТ	06103		
Principal Occupation Filmmaker	Name of Employer Wesleyan Univers	ity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	/, Amo	unt of Contribution		
event reported in Section L1?	ribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches					
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omone	y Order Date Received 5/23/23	Aggregate Contributions \$50				
SUB	TOTAL Section B — Thi	s Page \$150.00				
TOTA	L of additional Section B	Pages \$6094.69				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections 13, Column A of Summary Pag					

Section B ADDITIONAL PAGE 13 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Film	ng Repository)			TYPE OF REPORT			
Josh for Hartford				July 10 filing			
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$			
·							
B. Ite	emized Con	ıtribı	utions from Indivi	duals			
Last Name		Fire					MI
Crawford		Er	ic				
Residential Street Address	1	City Llogte			State		Code
3521 Main Street		Hartfo			СТ	00	120
Principal Occupation			Name of Employer CREC				
Director			<u> </u>				
	usiness he/she i		didate for a chief executive stated with have a contract OYes ONo		y, Amo \$50	unt o	f Contribution
event reported in Section L1? No If yes, indic	principal of a st cate which bran- nent the contract	ch or b		e contractor? Yes OLegislative			
Method of Contribution:	·		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion OMoney	Order	5/23/23	\$50			
Last Name		Firs	st			*	MI
Craig		M	elissa				
Residential Street Address	l l	City			State	Zip (
73 Williams St		Hartfo	ord		CT	06	120
Principal Occupation			Name of Employer				
Artist Instructor			CREC				
	usiness he/she i		didate for a chief executive intended with have a contract Yes No		/, Amo		f Contribution
event reported in Section L1?	principal of a s cate which bran nent the contrac	ich or t		te contractor? Yes No Legislative			
Method of Contribution:				Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion (Money)	Order	5/24/23	\$25			
Last Name		Firs		<u> </u>			MI
Perez		Ec	ddie				
Residential Street Address 64 Catherine St	l l	City Hartfo	ord		State CT		Code 106
Principal Occupation			Name of Employer			.l	
Transportation Coordinator			CREC				
	ousiness he/she i		didate for a chief executive stated with have a contract Yes No		y, Am o		f Contribution
event reported in Section L1?	with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes						
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TOTAL of additional Section B Pages \$6069.69							
TOTAL OF ALL CONTRIBUT (Enter			IVIDUALS (Sections A umn A of Summary Page				

Section B ADDITIONAL PAGE 14 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Co	ntribu	tions from Indivi	duals			
Last Name	Firs	•			MI	
Strong	Ali	cia				
Residential Street Address	City New B	ritain		State CT	Zip Code 06053	
56 McKinley Dr	IACAA D			01	00000	
Principal Occupation Resident Teacher		Name of Employer Consolidated School	ol District of New Bri	itain		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which brain of government the contract	nch or br	anches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	5/25/23	\$15			
Last Name	First				MI	
Chatfield	Zo	e				
Residential Street Address	City			State	Zip Code	
32 Cone St	Hartfo			CT	06105	
Principal Occupation Unemployed		Name of Employer Unemployed				
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?				5 Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	nch or b	ranches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/24/23	\$10			
Last Name	Firs				MI	
Jahnke	Jei	<u> </u>				
Residential Street Address 91 Warrenton Ave	City Hartfo	ord		State CT	Zip Code 06105	
Principal Occupation	T Turner	Name of Employer		L		
Architect		Self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Section L1? 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: Section L1? Executive Secutive Security Securit						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received 5/29/23	Aggregate Contributions \$250			
SUBT	ΓΟΤΑΙ	」 Section B — This	Page \$275.00		<u> </u>	
TOTAI	L of ad	ditional Section B F	ages \$5969.69			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page				

Section B ADDITIONAL PAGE 15 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Josh for Hartford		July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
	ntributions from Individ	luais		MI	
Last Name Moore					
Residential Street Address	City		State	Zip Code	
37 Reeve Pl	Brooklyn		NY	11218	
Principal Occupation	Name of Employer				
Health care	Neura Health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?			, Amo	Amount of Contribution \$25	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sequence of government the contract of government the contract.		CLegislative Yes			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 5/30/23	\$25			
Last Name	First			MI	
Segovia	Agostina				
Residential Street Address	City		State	Zip Code	
21 Pleasant View Avenue	Bristol		CT	06010	
Principal Occupation	Name of Employer				
Waitress	Uncle Bob's				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amo	unt of Contribution	
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Last Name	First			MI	
Ramiz	Bulaong				
(City	-	State	Zip Code	
26 Chamberlain St	New Britain		CT	06052	
Principal Occupation Educator	Name of Employer KIPP Foundation				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Yes of \$400 does contributor or business he/she valued at more than \$5,000?			, Amor	unt of Contribution	
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Sections A 13, Column A of Summary Page 1			·	

Section B ADDITIONAL PAGE 16 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Josh for Hartford		July 10 filing		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONL SUBTOTAL SECTION			
B. Itemized Co	ntributions from In	dividuals		
Last Name	First			МІ
Leacock	Kervin		 -	
Residential Street Address 2150 SW 23rd St	^{City} Miami		State FL	Zip Code 33145
Principal Occupation	Name of Employer		<u> </u>	00110
Housemaker	Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	is associated with have a co		y, Amo u	unt of Contribution
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Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 5/30/23	\$25		
Last Name	First			MI
Heiberger	Sara		_	
Residential Street Address 7035 McCallum	_{City} Philadelphia		State PA	Zip Code 19119
Principal Occupation	Name of Employer		FA	19119
Software	Blackbaud	·		
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Last Name Dalton	First Scot			МІ
Residential Street Address	City		State	Zip Code
305 23rd St	New York		NY	11215
Principal Occupation	Name of Employer		L	
Software Engineer	Updater			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	is associated with have a co	ecutive officer of a municipality nract with said municipality No	y, Amor \$100	unt of Contribution
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TOTAL	of additional Section	n B Pages \$6019.69		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sect			

Section B ADDITIONAL PAGE 17 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Josh for Hartford			July 10 filing	July 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	Fir	st			MI		
Sanford	G	len					
Residential Street Address	City	······································		State	Zip Code		
2850 Johnson Ave	Alam	eda		CA	94501		
Principal Occupation	· –	Name of Employer					
Software Engineer		Salesforce					
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 \$250	ount of Contribution		
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Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	5/30/23	\$250				
Last Name	Fir	st	<u> </u>		MI		
Cherolis	Ai	nthony					
Residential Street Address	City			State	Zip Code		
920 East 62nd Street	India	napolis		IN	46220		
Principal Occupation		Name of Employer					
Bicycle mechanic		Bicycle Garage Indy	·				
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 \$50	ount of Contribution		
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Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	5/30/23	\$50				
Last Name	Fir				MI		
Doomes		lliot					
Residential Street Address 7315 13th St	City	nington		State DC	Zip Code 20012		
	VVGSI	Name of Employer		DC	20012.		
Principal Occupation Government Executive		Federal Governme	nt .				
	l to a som	<u> </u>			1 · 6 G · 1 · 1 · 0		
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?				\$25	unt of Contribution		
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TOTA	L of ac	lditional Section B I	ages \$5919.69				
TOTAL OF ALL CONTRIBUTIONS FRO	M IND		(+ B) \$6244.60	·			

Section B ADDITIONAL PAGE 18 of 34

Needson Megan Me	NAME OF COMMITTEE (Provide Complete Name as Registered	ed with Filing Repository)		TYPE OF REPORT			
B. Tremized Contributions from Individuals Earl Megan	Josh for Hartford			July 10 filing			
Mary	 The second of the Analysis of Second Conference and Second of Second Conference and Second of Second Conference and Sec	i kaliya, wa wa 19 ani 19 kili waki ki ayi kata ila katika ya kwa ta ili ani a ta kata ili ayi ili waki kwa ta		\$			
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Last Name Provost Residential Street Address City]	oll Deduction OMoney Or	der 5/30/23	\$25	1		
Residential Street Address 19 Mortson St Principal Occupation Museum professional Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State 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? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution Residential Street Address Aggregate Contributions State Zip Code CT O6106 Amount of Contribution Stote First Jest Caraballo Residential Street Address Aggregate Contributions State Zip Code CT O6511 Principal Occupation Organizer City Name of Employer CWEALF Is contributor a principal of a state contract or prospective state contractor? Name of Employer CWEALF Is contributor a flobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent chil	Last Name			<u> </u>	1	MI	
Hartford Museum professional Name of Employer CT Historical Society	Provost		Kerri Ana				
Museum professional State Contribution Contr	Residential Street Address	i -			1	-	
Museum professional CT Historical Society	19 Mortson St	Ha	artford		CT 0	6106	
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Substitution Scotion List Name Perez Caraballo Perez Caraballo Principal Occupation Organizer Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	Museum professional		CT Historical Societ	у			
event reported in Section L1? Jest State Contribution Personal Check Oredit/Debit Card Payroll Deduction Money Order	or dependent child of a lobbyist?	butor or business he/she is a	ssociated with have a contract		J	of Contribution	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 5/30/23 \$50 Last Name Perez Caraballo Residential Street Address 71572 Ella T Grasso Blvd New Haven City New Haven Name of Employer CWEALF Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No description or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Residential Street Address City New Haven Name of Employer CWEALF CWEALF Substitute of a municipality, advantated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive OLegislative No Substitute Contributions Substitute This Page \$100.00	event reported in Section L1?	fyes, indicate which branch	or branches	_ ⊙ №			
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Residential Street Address 71572 Ella T Grasso Blvd New Haven Name of Employer CWEALF State CT 06511 Principal Occupation Organizer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State CT 06511 Name of Employer CWEALF If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received 5/30/23 SUBTOTAL Section B — This Page \$100.00	Last Name	•				MI	
Principal Occupation Organizer Substitution associated with an event reported in Section L1? Method of Contribution: M		lo.					
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TOTAL of additional Section B Pages \$6144.69		SUBTO	TAL Section B — This	Page \$100.00			
		TOTAL of	f additional Section B l	Pages \$6144.69			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$6244.69	TOTAL OF ALL CONT	TRIBUTIONS FROM I	NDIVIDUALS (Sections .	A + B) \$6244 60	 .	<u></u>	

Section B ADDITIONAL PAGE 19 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		
Josh for Hartford				July 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$		
	B. Itemized Cor	er en en en d'agrès de la reche	utions from Indivi	duals		157.
Last Name LaPorte-Grimes		Fin	sı Nurel			MI
Residential Street Address		 City			State	Zip Code
25 Jeffrey Alan Drive		Manc	hester		CT	06042
Principal Occupation			Name of Employer		<u> </u>	
Writer/editor			Self-employed			
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 Co					ount of Contribution
ı 💝	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes					
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order	5/30/23	\$25		
Last Name		Firs	•			MI
Long			annon		T	17: 0.1
Residential Street Address 114 Warrenton Ave		^{City} Hartfo	ord		State CT	Zip Code 06105
Principal Occupation			Name of Employer			
Chief Program Officer			Operation Fuel			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes ontribution 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 \$25						
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Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Ca	rd Payroll Deduction Money	Order	5/30/23	\$25		
Last Name First Stefanski Daniel						М
Residential Street Address		City	,		State	Zip Code
			Beverly		MA	01915
Principal Occupation Teacher			Name of Employer Ellington Public Schools			
or dependent child of a lobbyist? ONO	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? O Yes No					ount of Contribution
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TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page			

Section B ADDITIONAL PAGE 20 of 34

NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repo	ository)			TYPE OF REPORT			
Josh for Hartford				July 10 filing			
A. Total Contributions from Small Contributors-F (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$			
B. Itemize	ed Con	trib	utions from Indivi	duals			
Last Name		Fir				MI	
Johnson		Pa	aul				
Residential Street Address		ity			State	Zip Code	
1001 High Tide Trail	1	Logai	nville		GA	30052	
Principal Occupation	***************************************		Name of Employer				
Machinist			Gearheart Industry				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she is					Amount of Contribution \$10	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princi If yes, indicate who of government the	hich branc	ch or b		e contractor? Yes OLegislative			
Method of Contribution;			Date Received	Aggregate Contributions	一		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money (Order	5/31/23	\$20	:		
Last Name		Fir	st	<u> </u>		М	
Sater		Aı	my				
Residential Street Address	С	ity			State	Zip Code	
3614 Cloverdale St	Houston TX 77025				77025		
Principal Occupation			Name of Employer		<u> </u>		
Professor and Chair, Dept of Biology University of Houston							
	ss he/she is	400 to a candidate for a chief executive officer of a municipality, /she is associated with have a contract with said municipality Yes No \$100				nount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate with an event reported in Section L1? If yes, list Event #	hich bran	ch or l		e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money (Order	5/31/23	\$100			
Last Name		Fir	st			MI	
Epstein		D	ave				
Residential Street Address	1	ity		······································	State	Zip Code	
376 President St.		Brook	klyn		NY	11215	
Principal Occupation			Name of Employer				
Designer			Datadog				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ss he/she is				y, A m	nount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princi If yes, indicate who of government the	hich branc	ch or t		_ ⊙ No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money (Order	Date Received 5/31/23	Aggregate Contributions \$50	7		
			L Section B — This	Page \$160.00			
-							
			Iditional Section B I				
TOTAL OF ALL CONTRIBUTIONS (Enter total c			IVIDUALS (Sections A umn A of Summary Page				

Section B ADDITIONAL PAGE 21 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,	TYPE OF REPORT				
Josh for Hartford	_		July 10 filing		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$		
	orania e Walendan				
	erine (1. Sente best projekt	utions from Indivi	duals		
Tast Name Kazerounian	Fir. Sa	rst almun			MI
Residential Street Address	City			State	Zip Code
167 Beacon St	Hartfo	ord		CT	06105
Principal Occupation		Name of Employer			<u></u>
Lawyer		Connecticut Fair Ho	ousing Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Yes does contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?			, Am o	unt of Contribution	
event reported in Section L1? No If yes, indicate which b	contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: ©Executive Clegislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	Date Received 5/31/23			
Last Name	Fir				MI
Walling	Al	lexandra			
Residential Street Address 153 Whitney St	City Hartfo	ord		State	Zip Code 77025
Principal Occupation		Name of Employer	<u> </u>		
Scientist		University of Rhode	e Island		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?				Amor	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of If yes, indicate which to of government the contributor of government the contributor.	branch or t	branches	te contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	6/1/23	\$25		
Last Name Campbell	Fin	cott			MI
Residential Street Address				Ctoto	Zip Code
131 Beacon Street	City Hartfe	ord		State CT	06105
Principal Occupation		Name of Employer			
Professor		University of Conne	ecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One is in excess of \$40 does contributor or business he/s valued at more than \$5,000?				. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which be of government the contributor a principal of the p	oranch or b	oranches _	e contractor? OYes ONo		
Method of Contribution:		Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayrolf Deduction OMor	ney Order	5/31/23	\$50		
SU	ВТОТА	L Section B — This	Page \$150.00		
TOTA	AL of ac	lditional Section B I	ages \$6094.69		
TOTAL OF ALL CONTRIBUTIONS FRO		IVIDUALS (Sections A umn A of Summary Page			

Section B ADDITIONAL PAGE 22 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Josh for Hartford				July 10 filing	_		
A. Total Contributions from Sn (See instructions for definition of Small C		學術 医电影性 经营税	is Period ONLY OTAL SECTION A	\$			
	B. Itemized Cor	atrib	utions from Indivi	duals			
Last Name		Fir				МІ	
Mehta	<u></u>	Sε	arika 				
Residential Street Address		City			State	Zip Code	
2357 Hillside Lane	Lake Oswego				OR	97034	
Principal Occupation			Name of Employer				
Announcer, Sign Language Interpreter			OPB, self-employed				
		If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? One on the contribution of the c			y, Am o	ount of Contribution	
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	ich or b	branches	_ No			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/1/23	\$25			
Last Name		Fire	st	<u> </u>		MI	
Wyse		Sr	haron				
Residential Street Address		City			State	Zip Code	
549 1st St		Brook	klyn		NY	11215	
Principal Occupation			Name of Employer		<u> </u>	<u> </u>	
Fundraising consultant			Self-employed				
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s No If yes, indicate which brar of government the contract	nch or l	branches	te contractor? Yes No Legislative			
Method of Contribution:			i i	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Car	ard OPayroll Deduction OMoney	Order	6/1/23	\$250			
Last Name		Fir				MI	
Lawrence		ען	errick				
Residential Street Address 76 North Beacon Street	1	City Hartfe	ord		State CT	Zip Code 06105	
<u></u>		1 ICI CI			U1	00100	
Principal Occupation Software developer			Name of Employer				
	If contribution is in excess of \$400 t	to a can	<u> </u>	e officer of a municipality	Amo	ount of Contribution	
or dependent child of a lobbyist?	does contributor or business he/she is valued at more than \$5,000?	is assoc	ciated with have a contract O Yes O No	with said municipality	\$250		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Tes Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	branches _	O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Car	ard OPayroll Deduction OMoney	Order	Date Received 6/1/23	Aggregate Contributions \$250			
	SUBT	OTA	L Section B — This	Page \$525.00			
	TOTAL	of ad	Iditional Section B P	Pages \$5719.69			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page		<u> </u>		

Section B ADDITIONAL PAGE ²³ of ³⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Josh for Hartford				July 10 filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)			Period ONLY FAL SECTION A	\$			
B. Itemizeo	d Conti	ribu	tions from Indivi	duals			
Last Name		First	ualos				MI
Hausladen	- Iou		uglas ————————	· · · · · · · · · · · · · · · · · · ·	Lace	T	0.4
Residential Street Address 119 Olive St	I *						Code 511
Principal Occupation			Name of Employer		<u> </u>	1	
Administration			New Haven Parking	Authority			
	No does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribu	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of the	r a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor?						
Method of Contribution:		- 1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	der	6/1/23	\$100			
Last Name	<u>=</u>	First	.				MI
Hovorka	la:	Ric	 		l au a	12:	0.4
Residential Street Address 1515 C Street SE	City W		ngton		State DC	1	Code 003
Principal Occupation			Name of Employer	<u> </u>			
Engineer Engineer		- 1	Cimarron Software	Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is a					ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principe of government the	ich branch	or br		te contractor? Yes No Legislative			
Method of Contribution:		- 1		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or		6/2/23	\$186.69			
Last Name Rochlin		First Ric	hard				MI
Residential Street Address	City	<u>.</u>			State	Zip	Code
297 South Road	Fa	armir	ngton		CT	06	032
Principal Occupation		- 1	Name of Employer		.!		
Attorney			Rich Rochlin Law G	roup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist? Or No Or Yes does contributor or business valued at more than \$5,000?	he/she is a				y, Ame \$50		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No If yes, indicate which of government the contribution of government the contribution is principal.	ich branch	or br		e contractor? O Legislative			
Method of Contribution:		- 1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	der	6/6/23	\$50			
	SUBTO	TAL	Section B — This	Page \$336.69			
TO	OTAL o	f ado	litional Section B I	ages \$5908.00			
TOTAL OF ALL CONTRIBUTIONS I (Enter total on	FROM I n Line 13,	NDIN Colun	/IDUALS (Sections / nn A of Summary Page	A + B) \$6244.69	··· ·		

Section B ADDITIONAL PAGE 24 of 34

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT				
Josh for Hartford				July 10 filing				
A. Total Contributions from Sn (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$				
								
	B. Itemized Cor	ntribı	utions from Individ	duals				
Last Name	<u> Andreas and an angles of a consequence of the second of </u>	Firs		and the second s		MI		
Devereux		Je	ffrey					
Residential Street Address		City			State	Zip Code		
1429 Park St, Apt 401		Hartford				06106		
Principal Occupation	<u> </u>		Name of Employer	, , , , , , , , , , , , , , , , , , , 	L	<u> </u>		
Business owner			Breakfast Lunch & E	Dinner				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		oution is in excess of \$400 to a candidate for a chief executive officer of a municipality, tributor or business he/she is associated with have a contract with said municipality more than \$5,000? Yes No			/, Amoi	unt of Contribution		
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:		1	Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/7/23	\$50				
Last Name		Firs	<u> </u>	<u></u>		MI		
Drake		Je	nnifer					
Residential Street Address		City			State	Zip Code		
7409 Hiawatha Avenue		Richm	nond Heights		МО	63117		
Principal Occupation			Name of Employer			<u> </u>		
Consultant		ļ	Drake Strategy Part	iners				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution		
	Is contributor a principal of a solution of government the contract	nch or b	oranches	te contractor? Yes No				
Method of Contribution:			L I	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/7/23	\$50				
Last Name		Firs				М		
Grambo		Ca	asey					
Residential Street Address	l l	City Hartfo	ard]	State	Zip Code		
66 Oxford St		Пагис			СТ	06032		
Principal Occupation			Name of Employer					
Fundraiser			Yale University			·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				/, Amoi \$25	unt of Contribution		
	Is contributor a principal of a s **Mo If yes, indicate which bran of government the contrac	nch or b	oranches	e contractor? OLegislative				
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions	コ			
Cash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/7/23	\$25				
	SUBT	 [OTA]	L Section B — This	Page \$125.00				
	TOTAL	of ad	lditional Section B P	Pages \$6119.69				
TOTAL OF A	LL CONTRIBUTIONS FROM	A INDI	IVIDUALS (Sections A	A + B) \$6244 60				
	(Enter total on Line 1	13, Colu	ımn A of Summary Page 🛭	Totals)				

Section B ADDITIONAL PAGE 25 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT				
Josh for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Reco		nis Period ONLY OTAL SECTION A	\$			
B. Itemized C	Contrib	utions from Indivi	duals			
Last Name McGuire		_{irst} Patrick			MI	
Residential Street Address				T Objection	Zip Code	
1612 Bonnie Brae Street	City Hous	ston		State TX	77006	
Principal Occupation		Name of Employer		<u> </u>		
Teacher		Alief ISD				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No 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 # Yes Is contributor a principal or If yes, indicate which be of government the contributor of government the government than the contributor of governme	branch or	branches	_ ⊙ №			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order	6/16/23	\$50	_		
Last Name Perrault	1.	auren			М	
Residential Street Address	City	_		State	Zip Code	
21 Capitol Ave	Harti			СТ	06106	
Principal Occupation		Name of Employer	0 !			
Teacher		Glastonbury Public				
		to a candidate for a chief executive officer of a municipality, it is associated with have a contract with said municipality Yes No Solution				
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which of government the cor	branch or		te contractor? Yes			
Method of Contribution:		l.	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order	6/17/23	\$50			
Last Name	1	irst			MI	
Medress		Daniel		·		
Residential Street Address 140 Huyshope Avenue	City Harti	ford		State	Zip Code 06106	
Principal Occupation	·iaic	Name of Employer		01	00100	
Political education director		CSEA SEIU Local 20	01			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$4	400 to a ca			y Am	ount of Contribution	
or dependent child of a lobbyist? No No does contributor or business he/s valued at more than \$5,000?				\$25		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No If yes, indicate which to government the contributor of government the contributor a principal of the section L1?	branch or	branches	_ ⊙ N₀		•	
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order	6/17/23	\$25			
SU	BTOTA	AL Section B — This	Page \$125.00	·		
			ages \$6119.69			
TOT	AL 01 a	dditional Section B I	ages wolla.oa			

Section B ADDITIONAL PAGE 26 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Josh for Hartford				July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			Period ONLY AL SECTION A	\$			
	B. Itemized Co	ntributi	ons from Individ	duals			
Last Name		First				MI	
Chang		Jaso	n			j	
Residential Street Address		City			State	Zip Code	
79 Ringgold St		West Ha	artford	1	CT	06119	
Principal Occupation		N	ame of Employer	<u></u>			
Educator		U	niversity of Conne	ecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	loes contributor or business he/she is associated with have a contract with said municipality				, Ато \$25	Amount of Contribution \$25	
	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	nch or brar	nches	CLegislative Yes			
Method of Contribution:	or government the contract		ate Received	Aggregate Contributions	-		
Ocash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	1.	5/18/23	\$25			
Last Name		First				I MI	
Green		Oma	ar			IVII	
Residential Street Address		City			State	Zip Code	
101 Pearl St		Hartford	ł		CT	06103	
Principal Occupation		Na	ame of Employer			L	
Social worker State of Connecticut							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amor \$5	unt of Contribution	
	Is contributor a principal of a If yes, indicate which brate of government the contract	nch or brai	nches	e contractor? Yes No			
Method of Contribution:	·	Da		Aggregate Contributions	7		
Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMoney	Order 6	3/19/23	\$5			
Last Name		First				MI	
Loughnot		Davi	id 				
Residential Street Address		City			State	Zip Code	
1567 West 37th Street		Los Ang	jeles 		CA	06106	
Principal Occupation			ame of Employer				
Senior Counsel		S	ony Pictures Enter	tainment			
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?				* Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or brar	nches	C Contractor? OYes ONo Legislative			
Method of Contribution:							
Cash Personal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order 6	/19/23	\$250			
	SUBT	FOTAL S	Section B — This	Page \$280,00			
	TOTAL	√ of addi	tional Section B P	ages \$5964.69			
TOTALORA	LL CONTRIBUTIONS FROM	gangangwas.					
IOIALOFA			n A of Summary Page				

Section B ADDITIONAL PAGE 27 of 34

NAME OF COMMITTEE (Provide Complete Name as Regi	TYPE OF REPORT						
Josh for Hartford				July 10 filing			
A. Total Contributions from Small C (See instructions for definition of Small Contribu			is Period ONLY DTAL SECTION A	\$			
	R Itemized Cor	otríb:	utions from Indivi	duals			
Last Name	D. Remize Co.	Fir	familia en un escriva estraña en un un gantaña de la compansión de la comp			MI	
Healey		M	ark				
Residential Street Address		City			State	Zip Code	
72 Wormwood Hill Rd		Mans	field		CT	06250	
Principal Occupation	h		Name of Employer		 -		
Teacher			University of Conne	ecticut			
or dependent child of a lobbyist? O No does co	ntribution is in excess of \$400 to a candidate for a chief executive officer of a municipality contributor or business he/she is associated with have a contract with said municipality at at more than \$5,000?			y, Am \$50	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ©Executive Clegislative						
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OF	Payroll Deduction OMoney	Order	6/20/23	\$50			
Last Name		Fir	st			Mī	
Kusluch		Ja	clyn				
Residential Street Address	1	City			State	Zîp Code	
440 Church St		Hebro	on 		CT	06231	
Principal Occupation			Name of Employer				
Homemaker			Homemaker				
or dependent child of a lobbyist? O No does co	ribution is in excess of \$400 to ontributor or business he/she is 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 #	s contributor a principal of a s If yes, indicate which bran of government the contrac	ich or l	branches	te contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OP	Payroll Deduction OMoney	Order	6/22/23	\$10			
Last Name		Fir				М	
Schreiber		Li	zett				
Residential Street Address	i	City	Combon		State	Zip Code	
3041 Alum Trail Place		Lewis	S Center		ОН	06106	
Principal Occupation Lawyer			Name of Employer Taft, Stettinius, and	l Hollietar			
			<u> </u>		<u> </u>		
or dependent child of a lobbyist? No does co	ribution is in excess of \$400 t ontributor or business he/she i at more than \$5,000?				y, Am \$50	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	oranches	⊘ No			
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card P	Payroll Deduction OMoney	Order	6/22/23	\$50			
	SUBT	ОТА	L Section B — This	Page \$110.00			
	TOTAL	of ac	lditional Section B I	Pages \$6134.69			
TOTAL OF ALL CO	ONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A				

Section B ADDITIONAL PAGE ²⁸ of ³⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	TYPE OF REPORT	TYPE OF REPORT				
Josh for Hartford		July 10 filing	July 10 filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$				
	Contributions from Indi	viduals				
Last Name Foster	First Luke			MI		
Residential Street Address	City		State	Zip Code		
8816 Park Rd	Charlotte					
Principal Occupation	Name of Employer		<u> </u>	<u> </u>		
Content manager	Compass Digital					
	\$400 to a candidate for a chief execute/she is associated with have a control of the control of	act with said municipality	ty, Amo \$25	unt of Contribution		
Is this contribution associated with an Yes Is contributor a principa	of a state contractor or prospective s h branch or branches	No				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Of	Money Order 6/22/23	\$25				
Last Name Holst-Grubbe	First Allison			MI		
Residential Street Address	City		State	Zip Code		
204 Broad St	Manchester		CT	06042		
Principal Occupation	Name of Employer		<u></u>	<u>. </u>		
Professional church lady	St. Patrick/St. Ant	hony Church				
	\$400 to a candidate for a chief execu- le/she is associated with have a contra OYes ON	act with said municipality	y, Amoi \$20	unt of Contribution		
	of a state contractor or prospective sch branch or branches contract is with:	state contractor? Yes	5			
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order 6/22/23	\$20				
Last Name Rutledge	First Colby			MI		
Residential Street Address	City		State	Zip Code		
230 West Elm St	New Haven		CT	06515		
Principal Occupation	Name of Employer			<u> </u>		
Event coordinator	All Our Kin					
	\$400 to a candidate for a chief execute/she is associated with have a control of Yes O N	act with said municipality	y, Amo	unt of Contribution		
Is this contribution associated with an Yes Is contributor a principa	of a state contractor or prospective s h branch or branches	⊙ N₀	3			
Method of Contribution: Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Of	Money Order 6/23/23	\$25				
s	UBTOTAL Section B — Th	is Page \$70.00				
TO	TAL of additional Section I	3 Pages \$6174.69				
TOTAL OF ALL CONTRIBUTIONS F (Enter total on	ROM INDIVIDUALS (Section Line 13, Column A of Summary Pa					

Section B ADDITIONAL PAGE 29 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Josh for Hartford				July 10 filing			
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)		this Period BTOTAL SEC		\$			
				· <u> </u>	<u>-</u>		
B. Ite	emized Conti	ributions fro	m Individ	luals			
Last Name		First				MI	
Rochester		Andre					
Residential Street Address	City	•			State	Zip Code	
48 Prospect St		st Hartford			CT	06108	
Principal Occupation		Name of Emp	-	-			
Program Manager		The Conto	erence of (Churches	- <u></u>		
	business he/she is a	400 to a candidate for a chief executive officer of a municipality, /she is associated with have a contract with said municipality OYES ONO			y, Amo \$25	ount of Contribution	
event reported in Section L1? No If yes, indic	a principal of a state cate which branch ment the contract is	or branches	_	_ ⊙ №			
Method of Contribution:	 -	Date Received		Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	ction O Money Or	der 6/23/23		\$25			
Last Name		First				MÍ	
Barber		Joseph				-	
Residential Street Address	City	!			State	Zip Code	
14 Park Terrace	Ha	artford			СТ	06106	
Principal Occupation	<u> </u>	Name of Emp	loyer		.l	-L	
College Administrator		Trinity Co	llege				
	business he/she is a		ve a contract	officer of a municipalit with said municipality	y, Amo	unt of Contribution	
event reported in Section L1? No If yes, indi-	a principal of a stat icate which branch ment the contract is	or branches		e contractor? Yes	S		
Method of Contribution:		Date Received		Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduct	ction Money Or	der 6/24/23	ļ	\$50			
Last Name		First				MI	
Banks		Kassandrah					
Residential Street Address	City				State	Zip Code	
73 Imlay St	Hi	artford			CT	06515	
Principal Occupation		Name of Emp		·•			
Receptionist		Bloom Na	atural Heal	ing			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or by valued at more than	business he/she is a	candidate for a clussociated with have	ve a contract	e officer of a municipalit with said municipality	y, A mo \$20	ount of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? OYes						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	ction O Money Or	Date Received der 6/24/23	1	Aggregate Contributions \$20			
	SUBTO	TAL Section	B — This	Page \$95,00			
	TOTAL of	f additional S	ection B P	ages \$6149.69			
TOTAL OF ALL CONTRIBUT (Enter	TIONS FROM II r total on Line 13,						

Section B ADDITIONAL PAGE 30 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Josh for Hartford				July 10 filing				
A. Total Contributions from S (See instructions for definition of Small)			is Period ONLY OTAL SECTION A	\$				
	R Itemized Co.	ntrih	utions from Indivi	duale				
Last Name	D. Itemizeu Co	Fir		uuais		Мі		
Mayo Molina		Si	lvia					
Residential Street Address		City			State	Zip Code		
114 Westerly Terrace		Hartford C			CT	06105		
Principal Occupation	<u></u>	L.—	Name of Employer		. 	_ 		
School Administrator			New Britain Public	Schools				
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, Amo \$75	ount of Contribution		
	No If yes, indicate which bran	Yes Is contributor a principal of a state contractor or prospective sta						
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	6/24/23	\$75				
Last Name		Fir	st	!		MI		
Monro		M	largo					
Residential Street Address		City			State	Zip Code		
334 Dennison Dr		Torrir	ngton		CT	06790		
Principal Occupation			Name of Employer		<u></u>			
Realtor			self-employed					
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, Amo \$60	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423A	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes	3	·		
Method of Contribution:			,	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	6/24/23	\$60	1			
Last Name		Fir	st			MI		
Stange		Ja	ay					
Residential Street Address	`	City			State	Zip Code		
177 Auburn Rd		West	Hartford		CT	06119		
Principal Occupation			Name of Employer					
Coordinator			Center for Latino P	rogress				
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, Amo \$50	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423A	Yes Is contributor a principal of a significant which bran of government the contract	nch or t	oranches	⊙ No				
Method of Contribution: Cash Personal Check Credit/Debit C	ard Payroll Deduction OMoney	Order	Date Received 6/24/23	Aggregate Contributions \$50				
	SUBT	ГОТА	L Section B — This	Page \$185.00				
	TOTAL	of ac	lditional Section B I	ages \$6059.69				
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page		,			

Section B ADDITIONAL PAGE 31 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Josh for Hartford				July 10 filing			
A. Total Contributions from Small Contributions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$			
		-					_
В. Т	temized Cor	atrib	utions from Indivi	duals			
Last Name			rst				MI
Tatum		S	teven				
Residential Street Address	1 '					Zip (
32 Ashley St		Hartf	ford		CT	061	105
Principal Occupation			Name of Employer				
Teacher			Hartford Public Sch	ools			
	business he/she		ndidate for a chief executive ciated with have a contract OYes No		y, Amo \$25	Amount of Contribu	
event reported in Section L1? No If yes, ind	a principal of a s icate which bran ment the contrac	ich or		e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	ction OMoney	Order	6/24/23	\$50			
Last Name		Fi	rst				MI
Reese		R	enae				
Residential Street Address		City		•	State	Zip (
12 1/2 Charter Oak		Hartf	rord		CT	067	790
Principal Occupation			Name of Employer		·		
Organizer CSU-AAUP							
	business he/she		ndidate for a chief executive ciated with have a contract Yes No		y, Amo \$100		f Contribution
event reported in Section L1? No If yes, ind	a principal of a slicate which brai	nch or		te contractor? Yes No Legislative		•	
Method of Contribution:				Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	ction OMoney	Order	6/24/23	\$125			
Last Name		Fí	rsi				МІ
White		S	arah				
Residential Street Address		City			State	Zip (Code
167 Beacon St	i i	Hartf	ford		СТ	1 -	105
Principal Occupation	<u></u>		Name of Employer		<u> </u>	Щ.	
Attorney			CT Fair Housing Ce	nter			
	avenue of \$400	0.0.00	ndidate for a chief executive		. A		f Contribution
	business he/she		ciated with have a contract O Yes O No		\$50	unt ()	Contribution
event reported in Section L1?	a principal of a s icate which bran ment the contrac	ich or		e contractor? O Legislative			
Method of Contribution:							
OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	ction OMoney	Order	6/24/23	\$75			
	SUBT	ОТА	L Section B — This	Page \$175.00			
	TOTAL	of a	dditional Section B F	ages \$6069.69			
TOTAL OF ALL CONTRIBUT	TIONS FROM	I IND	IVIDUALS (Sections A	1 + B) 86244 60			
(Ente	er total on Line)	3, Col	umn A of Summary Page	i otals)			

Section B ADDITIONAL PAGE 32 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Josh for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fir				MI	
Simpson] N:	athan				
Residential Street Address	City	B. W. 4		State	Zip Code	
185 Brook St	New	Britain		CT	06051	
Principal Occupation		Name of Employer				
Food Service Workers		Morrison, Inc.				
Is contributor a fobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			ct with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423A Section L1? No ls contributor a principal of a lf yes, indicate which brain of government the contraction.	inch or t					
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/24/23	\$10			
Last Name	Fir	st			MI	
Vahidy	Fa	ahd				
Residential Street Address	City		- <u>-</u>	State	Zip Code	
50 South Highland St	West	Hartford		СТ	06119	
Principal Occupation		Name of Employer				
Advisor		William C. Grausteir	1			
		andidate for a chief executive officer of a municipality, ociated with have a contract with said municipality O Yes No Amount of Contribution \$50				
his contribution associated with an entreported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution:		, ,	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/24/23	\$50			
Last Name	Fir	st	 	<u></u>	MI	
Segovia	G	raciela				
	City		<u> </u>	State	Zìp Code	
72 Hinsdale Ave	Wins	ted		CT	06105	
Principal Occupation		Name of Employer			<u> </u>	
Cleaning service		self-employed				
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?				/, Ama	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423A Section L1? No Yes No If yes, indicate which bra of government the contraction of government the contraction.	inch or t	branches	ctive state contractor? OYes ONo secutive O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check OCredit/Debit Card Payroll Deduction Money	y Order	6/24/23	\$50			
SUBT	тота	L Section B — This	Page \$105.00			
TOTAL of additional Section B Pages \$6139.69						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$6244.69						

Section B ADDITIONAL PAGE 33 of 34

NAME OF COMMITTEE (Provide Complete Name	ne as Registered with Filing Repository)			TYPE OF REPORT		
Josh for Hartford			July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$		
	B. Itemized Co	Committee of the Control	utions from Indivi	duals		
Last Name Crowley		Fin	st ica			MI
Residential Street Address		City			State	Zip Code
1043 Maple Ave		Hartfo	ord		CT	06114
Principal Occupation		<u>-</u> -	Name of Employer			
Administrator			Trinity College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ributor a lobbyist, spouse, and the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423A		rincipal of a state contractor or prospective state contractor? Wes te which branch or branches nt the contract is with: DExecutive Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit C	Card Payroll Deduction OMoney	Order (6/24/23	\$25		
Last Name		Fire	st	!		MI
Cotto		Le	eticia			
Residential Street Address		City	· · · · · · · · · · · · · · · · ·	, <u> </u>	State	Zip Code
23 Colebrook St		Hartfo	ord		CT	06112
Principal Occupation			Name of Employer			
Administrator			Hartford Public Libi	rary		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Amount of Contribution S50					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423A						
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/24/23	\$80	1	
Last Name		Fir		<u> </u>		MI
Holmes		Je	ennifer			
Residential Street Address		City			State	Zip Code
194 Oxford St		Hartfe	ord		CT	06105
Principal Occupation Name of Employer American School for the Deaf						
ls 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, Amo \$25	ount of Contribution
	Yes Is contributor a principal of a lyes, indicate which branches	nch or b	ntractor or prospective stat	_ ⊙ No	-	
If yes, list Event #	of government the contract	ct is with	h: Executive Date Received	O Legislative	_	
Method of Contribution: Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	Order	6/25/23	Aggregate Contributions \$25		
	SUB1	ГОТА	L Section B — This	Page \$100.00		
TOTAL of additional Section B Pages \$6144.69						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$6244.69						
	(Enter total on Line	is, coll	ana A oj summary Page	A QUAIS)		

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 34 of 34

NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)		TYPE OF REPORT			
Josh for Hartford			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
Last Name	B. Itemized Con	tributions from Indivi	duals		Mi	
Florsheim		Ben			IVI	
Residential Street Address	Jc	ity		State	Zip Code	
834 Bear Hill Rd	Middletown		CT	06457		
Principal Occupation Mayor		Name of Employer City of Middletown				
or dependent child of a lobbyist? O No do	ontribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, s contributor or business he/she is associated with have a contract with said municipality and at more than \$5,000?				Amount of Contribution \$250	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	. I na kana a a a a a a a a a a a a a a a a					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney C	Order 6/26/23	Aggregate Contributions \$250			
Last Name		First			MI	
Brown		Betty				
Residential Street Address 131 Madison Ave	Ci H	ty lartford	E E	State CT	Zip Code 06106	
Principal Occupation		Name of Employer				
Ambassador		CT Harm Reduction	Alliance			
contributor a lobbyist, spouse, dependent child of a lobbyist? Ves dependent child of a lobbyist? Ves does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No \$50\$						
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	his contribution associated with an one of the properties of a state contractor or prospective state contractor? One of the properties of					
Method of Contribution: Cash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney C	Date Received	Aggregate Contributions \$50			
Last Name		First	-		MI	
King		Samuel		St	Iz: C. I.	
Residential Street Address 28 Kenyon Street	1	_{ity} Hartford		State CT	Zip Code 06105	
Principal Occupation		Name of Employer				
CFO		Blue Earth Compos	t			
or dependent child of a lobbyist? • No do	contribution is in excess of \$400 to bes contributor or business he/she is alued at more than \$5,000?			Amor	unt 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: OCash OPersonal Check OCredit/Debit Card		Date Received	Aggregate Contributions \$50			
SUBTOTAL Section B — This Page \$350.00						
TOTAL of additional Section B Pages \$5894.69						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$6244.69						