SEEC FORM 20

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

TOWN & CITY CLERK

2023 JUL Not Mark in Pull Space Fold Pricial Use Only

10/26

COVER PAGE

1. NAME OF COMMITTEE								
Hennessy For Hartford								
2. TREASURER NAME								
First		MI	Last	Last				
Edward			Jason					
3. TREASURER ADDRESS								
Street Address		C	ity		State	Zip Code		
417 Mountain Road		١ ا	West Hartfo	rd	СТ	06107		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete o	only if Candidate	Committee)		6. DISTRICT NUMBER		
(mm/dd/yyyy) 09/12/2023	City Treasurer					(if applicable)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	y Committee)						
First		MI	Last			Suffix		
Matthew			Henne	ssy				
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ling primary	O 7th	day preceding referendum	Olnitial Cont	ribution or Disbursement		
April 10 filing	O30 days follow	ving primary	O45	O 45 days following referendum		it to		
July 10 filing	O7th day preced	ling election	O Def	O Deficit		oort:		
October 10 filing	O12th day prece (State Central Con		OTer	mination	***************************************			
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No							
9. PERIOD COVERED								
	Beginning Da	te		Ending Date				
-	04/1/2023		thru	06/30/2023				
10, CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per	enalties of false s riod covered is t	tatement, th	at all of the te and com	information set forth on th plete.	is Itemized Ca	mpaign Finance		
Calward TREASURER OR DEPUTY TREASURE	Cesor ER (SIGNATURE)	<u>Ž</u> PI	ED W	AND JASON DESIGNER		7/9/2023 TYATE/(ym/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.

SUMMARY PAGE TOTALS

	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	6,300	6,300
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	50,000	50,000
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	2000	2000
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	58,300	58,300
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	58,300	58,300
19. Expenses Paid by Committee (Section P)	13,405.37	13,405.37
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	44,894.63	44,894.63
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	375.53	375.53
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	50,000	
25a. + Loans Received (Section D)	50,000	50,000
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	50,000	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

30126

NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)	ŊĸŊ		ТҮРЕ С	F REPORT		10, 30
Hennessy For Hartford				July 10			
A. Total Contributions from Small (See instructions for definition of Small Contrib	人名马克 化氯化甲基二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	5 5 6 50 60	s Period ONLY OTAL SECTION A	\$ 0			
	B. Itemized Con	tribu	itions from Indivi	duals			
Last Name		Firs					MI
Strahinich Residential Street Address	- Iz		aniel 			State	Zip Code
Residential Street Address 930 West Boulevard Hartford					1	CT	2.гр Соце 06105
Principal Occupation			Name of Employer				00100
Retired							
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 to contributor or business he/she i and at more than \$5,000?					50.0	unt of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or b	ranches	e contrac OLegi	No		
Method of Contribution:	_		Date Received		e Contributions		
OCash OPersonal Check OCredit/Debit Card C	Payroll Deduction OMoney		6/26/23	50.00			
Last Name		Firs					MI
Mandell			ruce				In a t
Residential Street Address 240 Hartford Ave.		City Mouris	ngton			State CT	Zip Code 06111
Principal Occupation		IAGAAI	Name of Employer		<u> </u>	O1	00111
Executive			Data Mail				
or dependent child of a lobbyist? ONO does	ntribution is in excess of \$400 to contributor or business he/she i and at more than \$5,000?					Amor	unt of Contribution
Is 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 bran of government the contrac	ich or b	oranches		⊙ No		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	6/27/23	250.0	00		
Last Name		Fire					MI
Zachs	1.		essica			a	77. 6.1
Residential Street Address	l c	City Moet	: Hartford			State	Zip Code 06117
53 Norwood Road Principal Occupation		West	Name of Employer			OI .	00717
CEO			Dignity Grows				
	ntribution is in excess of \$400 t	o a can	<u> </u>	e officer	of a municipality	Amo	unt of Contribution
or dependent child of a lobbyist? No does	contributor or business he/she i					250.	
	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ch or b	ntractor or prospective state	_	ŌNo		.00
Method of Contribution:	December Code	O-1	Date Received		te Contributions		
OCash OPersonal Check OCredit/Debit Card C	Payroll Deduction OMoney	Order	6/20/23	250.0			
	SUBT	OTA	L Section B — This	Page	450.00		
	TOTAL	of ad	lditional Section B l	Pages	5,350	. 00	
TOTAL OF ALL O	CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections Aumn A of Summary Page		5,850) , O	0

Section B ADDITIONAL PAGE 4 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)			TYPE O	F REPORT				
Hennessy For Hartford				July 10 .					
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$0					
B. Itemize	B. Itemized Contributions from Individuals								
Last Name		Firs	st				MI		
Consoli		So	cott						
Residential Street Address	C	ity	······································			State	Zip Code		
10 Tryon Farm Road		Glast	onbury			CT	06073		
Principal Occupation			Name of Employer						
Attorney			Consoli Bortolan La	aw Grou	up, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	he/she is						Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princip If yes, indicate whi of government the	ich branc	ch or b		_	No				
Method of Contribution:			Date Received	Aggregate	Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O)Money (Order	6/15/23	125.0	0				
Last Name		Firs	st	<u> </u>		<u> </u>	MI		
Bortolan		El	leanor						
Residential Street Address	C	ity				State	Zip Code		
1411 Sunfield Dr		South	n Windsor			CT	06074		
Principal Occupation Name of Employer									
Attorney Consoli Bortolan Law Group, LLC									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	he/she is					Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Yes No of government the	nich bran	ch or t		_	⊙ No		!		
Method of Contribution:			Date Received	Aggregate	Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction C	Money (Order	6/15/23	125.0	0				
Last Name		Fire	st	<u> </u>			MI		
Harrington		_ N	/lichael						
Residential Street Address	1	City				State	Zip Code		
16 Walbridge Road		West	t Hartford			СТ	06119		
Principal Occupation			Name of Employer						
Attorney			Ford Harrison LLP						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business valued at more than \$5,000	s he/she i					, Anno 250	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 061523 Yes No If yes, indicate who of government the	ich bran	ch or b		_	€No				
Method of Contribution:			Date Received		e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction C)Money	Order	6/15/23	250.0 J					
	SUBT	ОТА	L Section B — This	Page	500.00	<u> </u>			
	OTAL	of ad	lditional Section B l	Pages	5,800.0	O			
TOTAL OF ALL CONTRIBUTIONS (Enter total of			IVIDUALS (Sections A		6.260	. 60	•		

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Section B ADDITIONAL PAGE 5 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	Ng tayaş			
Hennessy For Hartford			July 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ 0				
B. Itemized Co	ntribu	tions from Indivi	duals				
Last Name	First				MI		
Donnelly	De	erek					
Residential Street Address	City			State	Zip Code		
988 Russell Ave	Suffie			CT	06078		
Principal Occupation		Name of Employer	H 110				
Attorney		Blackburn & Donne		., .			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribution 250.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 061523 Yes Is contributor a principal of a second braid of government the contraction of government the contraction.	nch or br	anches	e contractor? Yes OLegislative				
Method of Contribution:	ĺ	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/15/23	250.00				
Last Name	First	<u> </u>		- 	MI		
Mandell	Br	uce					
Residential Street Address	City			State	Zip Code		
240 Hartford Ave	Newir	ngton		CT	06111		
Principal Occupation		Name of Employer		•			
Executive		Data Mail					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist? Or No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 061523 Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	inch or bi	ranches	e contractor? Yes O Legislative				
Method of Contribution:		·····	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/15/23	250,00				
Last Name	First				MI		
Jason	Ed	lward					
	City			State	Zip Code		
417 Mountain Road	L,	Hartford		СТ	06107		
Principal Occupation Consultant		Name of Employer Whittlesey					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No					unt of Contribution		
event reported in Section L1? No If yes, indicate which brai	s this contribution associated with an Section L1? 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:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/15/23	250.00				
SUBI	ГОТАІ	_ Section B — This	Page 600.00				
TOTAL	L of ad	ditional Section B I	Pages 5,700-6	30	······································		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A nn A of Summary Page	(1+B)		***************************************		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Hennessy For Hartford			July 10				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ 0				
		tions from Individ	luals				
Last Name	First				MI		
Wood		dam					
	City	1 4 11		State	Zip Code		
260 Frances Street	Rocky			СТ	06067		
Principal Occupation		Name of Employer					
Public Affairs		City & State LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No					Amount of Contribution 250.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 061523 Yes Is contributor a principal of a superior of government the contract of government the government of government the contract of government the government of government the government of government of government the government of government the government of government	nch or bi	ranches	contractor? Yes • Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/13/23	250.00				
Last Name	Firs	t			MI		
Lieberman	Jo	seph					
Residential Street Address	City			State	Zip Code		
3220 Arlington Ave	Rivero	dale		NY	10463		
Principal Occupation Name of Employer							
Lawyer		КВТ			-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?					Amount of Contribution 250,00		
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.	anch or b	oranches	e contractor? Yes No Legislative				
Method of Contribution:			Aggregate Contributions	┥			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	6/6/23	250.00				
Last Name	Firs	st ·			MI		
Josephson	В	enjamin					
Residential Street Address	City			State	Zip Code		
141 Blake Street	Newt	ton		MA	02460		
Principal Occupation	<u> </u>	Name of Employer		<u> </u>			
SVP		O'Neil & Associates	3				
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	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 061523 Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative							
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	v Ordar	Date Received 6/13/23	Aggregate Contributions 250.00				
		L Section B — This	Carrier Commission				
		lditional Section B I	in the second se	00			
TOTAL OF ALL CONTRIBUTIONS FROM Enter total on Line		IVIDUALS (Sections A unn A of Summary Page	Totals) (, 300	00			

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NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT			
Hennessy For Hartford				July 10			
A. Total Contributions from Sn (See instructions for definition of Small C		4 4 4 4 4 4 4 4	is Period ONLY OTAL SECTION A	\$ 0			
	B. Itemized Co.	ntrihi	utions from Indivi	dnale			
Last Name	D. Itember Co.	Fir		was	<u> </u>	MI	
Zachs		Ε	ric				
Residential Street Address		City			State	Zip Code	
53 Norwood Road		West	t Hartford		СТ	06117	
Principal Occupation			Name of Employer		<u></u>		
Investor			Bantry Bay Venture	∍s			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contrib	
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or b	branches	e contractor? Yes No Legislative		,,,,,,	
Method of Contribution:	··· • · · · · · · · · · · · · · · · · ·		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/13/23	250.00			
Last Name		Fir	st	1		MI	
Mendez		S	erafin				
Residential Street Address		City			State	Zip Code	
PO BOX 414		SAN	SEBASTIAN		PR	00685	
Principal Occupation			Name of Employer		•		
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					ount of Cont	ribution
	Is contributor a principal of a If yes, indicate which brat of government the contract	nch or	branches _	te contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Ca	rd OPayroll Deduction OMoney	Order	5/9/23	100.00			
Last Name		Fir	rsl			MI	·····
McCabe		C	Carol				
Residential Street Address		City			State	Zip Code	
11 Forest Road		West	t Hartford		MA	06119	
Principal Occupation Community Volunteer			Name of Employer				
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	ount of Cont	ribution
	Is contributor a principal of a self yes, indicate which brain of government the contract	nch or t	branches	_ ONo			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/13/23	250,00			
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	TOTAL	of ac	lditional Section B 1	Pages 5, 700	· 60		
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page	A+B) Totals) (200	(18.		

Section B ADDITIONAL PAGE 5 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Hennessy For Hartford			July 10			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period SUBTOTAL SE		\$ 0			
B. Itemized Co.	ntributions fr	om Indivi	duals			
Last Name	First				MI	
McDermott	Brian					
Residential Street Address	City			State	Zip Code	
70 Reverknolls	Avon			СТ	06001	
Principal Occupation	Name of E	nployer		<u></u> 1		
Business Development	Cosaint	LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?		ave a contract		/, Amou	ant of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event #	ich or branches	_	te contractor? Yes OLegislative			
Method of Contribution:	Date Recei		Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			250.00			
Last Name	First			لس	MI	
Whittemore	Edward					
Residential Street Address	 City			State	Zip Code	
15 Timberwood Road	West Hartford			СТ	06117	
Principal Occupation Name of Employer						
Retired	Retired	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist?		ave a contract			int of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a		 	te contractor? OYes	150.	00	
event reported in Section L1? No If yes, indicate which bra If yes, list Event # of government the contra-	nch or branches	_	No Legislative			
Method of Contribution:	Date Recei	~	Aggregate Contributions	\dashv		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 06/12/	23	150.00		•	
Last Name	First				MI	
Auerbach	Shalom					
Residential Street Address	City			State	Zip Code	
15 Margaret Avenue	Lawrence			NY	01159	
Principal Occupation	Name of E	mplover				
Partner	1	Recovery 8	Solutions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?		nave a contrac		y, Amoi 250.	unt of Contribution 00	
event reported in Section L1?	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches					
Method of Contribution:	Date Recei	ved	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/9/23		250.00			
SUBT	FOTAL Sectio	a B — This	Page 650.00			
TOTA)	∠ of additional	Section B	Pages 5, 650.	٥O		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line				. 60		

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Section B ADDITIONAL PAGE _ 9 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Hennessy For Hartford			July 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$ 0				
B. Itemized Co.	ntribu	itions from Indivi	duals				
Last Name	Firs				MI		
Gamble	Ai	llie					
Residential Street Address	City			State	Zip Code		
42 Aspen Drive	Glaste	onbury		СТ	06073		
Principal Occupation		Name of Employer		1	<u></u>		
Self Employed		A Gamble LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a cano	didate for a chief executive intensity in the contract of the	e officer of a municipality with said municipality		Amount of Contribution 250.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? No If yes, indicate which brain of government the contract	nch or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/8/23	250.00				
Last Name	Firs	it			МІ		
Crocini	CI	harlie					
Residential Street Address	City			State	Zíp Code		
15 Frances Drive	Mano	hester		СТ	06040		
Principal Occupation Name of Employer							
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes O No O No O Yes O No O No O No O No O No					unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ntractor or prospective state	C Legislative	50.0	iu		
Method of Contribution:		, <u> </u>	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/6/23	50.00				
Last Name	Firs	st	<u></u>	<u></u>	MI		
Crumbie	Bı	renden					
Residential Street Address	City			State	Zip Code		
9 Rushleigh Rd	West	Hartford		CT	06117		
Principal Occupation		Name of Employer					
Student							
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	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Output Description De							
Method of Contribution:	,	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/5/23	250.00				
SUBI	TOTA	L Section B — This	Page 550.00				
TOTAL	L of ad	lditional Section B I	Pages 5,750	.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A min A of Summary Page		60			

Section B ADDITIONAL PAGE 10 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Hennessy For Hartford			July 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 0	WWW.COCKEDSAMINA MARKET		
B. Itemized Co.	ntrih	utions from Indivi	dugle			
Last Name	Fi		шин			MI
Tingley	A	Andrew				
Residential Street Address	City			State	Zip (L Code
733 Schoolhouse Road	Ť	vnington		VT	1 -	860
Principal Occupation		Name of Employer		L		
Director of Security		Related Companie	S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				, Ame		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? No If yes, indicate which brain of government the contraction.	nch or l	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order (6/1/23	250.00			
Last Name	Fi	rst	<u> </u>			мі
Mulroy	0	Sene				
Residential Street Address	City			State	Zip (Code
54 Court Street	Free	hold		NJ		728
Principal Occupation	L	Name of Employer			<u> </u>	
Consultant		CIG				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	I didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Ame		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	псһ ог	branches	te contractor? Yes O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	05/31/23	250.00			
Last Name		rst				MI
Hoffman	J	leffery				
Residential Street Address	City			State	1 -	Code
85 Memorial Road	Wes	t Hartford		СТ	06	107
Principal Occupation		Name of Employer				
Co-Chair		Hoffman Auto Gro	up			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame		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: C Executive C Legislative						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/30/23	250.00			
SUB:	ГОТА	AL Section B — This	Page 750.00			
TOTAI	L of a	dditional Section B I	Pages 5,550	000		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page	A + B)			

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 11 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Hennessy For Hartford			July 10				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$ 0				
B. Itemized Con	ıtrib	outions from Individ	duals				
Last Name	F	irst				MI	
McCabe		Patrick					
Residential Street Address	City			State	Zip (Code	
11 Forest Road	Wes	st Hartford		CT	06	119	
Principal Occupation		Name of Employer		!			
Public Affairs		Capitol Strategies (Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One of the contributor of business of \$400 to does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 250,00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	e contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	r 5/24/23	250.00				
Last Name		irst				MI	
McQuade	1	David					
	City			State	Zip C	l ode	
20 Whitney Ferguson Rd # 3	Veri	non		NJ	1 '	066	
Principal Occupation		Name of Employer		I			
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 250,00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #	ich oi	r branches	e contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	r 05/24/23	250.00				
Last Name	F	First		<u> </u>		MI	
Hayes		Gerald					
Residential Street Address	City			State	Zip (Code	
71 Blue Spruce Way	Mas	shapee		MA	02	649	
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					ount o	f Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? If yes, indicate which branch or branches of government the contract is with: One of the contractor or prospective state contractor? One of government the contract is with: One of government the contract is with:							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	r 5/22/23	100.00				
SUBT	ΌΤ	AL Section B — This	Page 600.00				
TOTAL	, of a	additional Section B P	Pages 5, 700	. oo			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A Dlumn A of Summary Page	(+ B))	,	

Section B ADDITIONAL PAGE 12 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Hennessy For Hartford			July 10		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ 0		
B. Itemized Co.	ntribu	tions from Individ	duals		
Last Name	First				MI
Lieberman		atthew			
	City New \	/ork		State NY	Zip Code 10025
526 W. 111th Street Principal Occupation	New			INT	10023
Benefits Advisor		Name of Employer Compass Benefits			•
	to 0 cond		afficar of a municipality		and of Containation
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes O			with said municipality	250	ount of Contribution .
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a significant which bran of government the contract	nch or br	anches	e contractor? Yes O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/16/23	250.00		
Last Name	First				Mi
Lewan	M	ichael			•
·	City			State	Zîp Code
8232 Stacey Rd	Alexa	ndria 		VA	22308
Principal Occupation		Name of Employer			
Retired		Retired			<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ordependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	inch or b	ranches	e contractor? Yes No Legislative		e.
Method of Contribution:			Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	05/17/23	100.00		
Last Name	Firs	t .			MI
Nardi-Riddle	CI	arine			
Residential Street Address	City			State	Zip Code
4653 KELL LN	Alexa			VA	22311
Principal Occupation		Name of Employer			
Attorney		KBT		····· •	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes If contribution is in excess of \$400 does contributor or business he/she 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 # Yes No If yes, indicate which bran of government the contract	nch or b	ranches _	e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/17/23	250.00		
SUB1	ГОТАІ	L Section B — This	Page 600.00		
TOTAI	L of ad	ditional Section B 1	Pages 5, 700.	60	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page	A+B)	. 6O	

SEEC FORM 20 Revised January 2015 *

Section B ADDITIONAL PAGE 13 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	n) parasi		
Hennessy For Hartford		July 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ 0			
B. Itemized Contact Name Fleming	ntributions from Indivi	duals		MI	
Residential Street Address	City		State	Zip Code	
893 Dewey Street	West Springfield		MA	01089	
Principal Occupation	Name of Employer		1437 1		
Consultant	JEF Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	is associated with have a contract OYes ONo	with said municipality	Amou 250.0	nt of Contribution	
event reported in Section L1? If yes, list Event # No If yes, indicate which bran of government the contract	et is with: OExecutive	O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		250.00			
Last Name	First			MI	
Residential Street Address	City		State	Zip Code	
Principal Occupation	Name of Employer		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of S400 does contributor or business he/she valued at more than \$5,000?			Аточ	nt 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		te contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order				
Last Name	First			MI	
Residential Street Address	City		State	Zip Code	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amou	nt 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.		te contractor? Yes No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received Order	Aggregate Contributions			
SUB [*]	TOTAL Section B — This	Page 250.00			
TOTA	L of additional Section B	Pages (.050	ر 60		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections 13, Column A of Summary Page		, cD		

SEEC	FORM	20
Transfer of Res	2101	

I. MONETARY RECEIPTS (Sections A-K)

Revised January 2015	I. MONETAKI N	LECE	11 19 (960	MOHS A	$-\mathbf{n}_{j}$		<u> </u>
NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository	y				REPORT	
Hennessy For Hartford					luly 10		
	D. Loans R	eceive	d this Period	i			
Name of Lender			ource of Loan:	0		. 00:	Date of Receipt
Matthew Hennessy			OBank 🛈 Cai	ndidate 🔾	Individu	Committee	5/03/23
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
161 Tremont Street	Hartford				CT	06105	Yes O No
Name of Cosigner/Guarantor (if applicable)		·····					Amount Received
Street Address	City		<u> </u>		State	Zip Code	50,000.00
				1			
Name of Leuder			ource of Loan:	A	T (* '1	100	Date of Receipt
			OBank OCar	ndidate ()	maiviau	Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
							O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Cource of Loan: Bank Ca	ndidata 🔿	Individu	al Other	Date of Receipt
			Obaik Oca			Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
							O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
				-			
		ŋ	TOTAL SECT	TION D	50	00.000	
	en er en i vilgere vand vand i en filmere geerf it er gebri	a estagness.	ta es el establica y especialment de la	erie verd dieser was na	100		
E. Receipts from Ent	ities other than Individ	luals o	r Other Con	nmittees	(Refere	ndum Committe	es ONLY)
Name of Entity							
					·····		
Street Address				Date R	eceived		Amount Received
			15				
City	Si	tate	Zip Code	Aggreg	gate Contr	ibutions	
Name of Entity							
Street Address				Date R	eceived		Amount Received
bitter Address							74mouat accerto
City	S	late	Zip Code	Aggres	gate Contr	ibutions	
, and the second							
Name of Entity					<u> </u>		
,							
Street Address				Date R	eceived		Amount Received
City	S	State	Zip Code	Aggre	gate Contr	ibutions	1
			TOTAL SEC	TION E			
1 등 보다 10 1 대한 모양 모양을 받는데 하지만 하다라면 하는데 하다 하다를 받는데			I U I A LI BEL	LIVIYE			

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing Repository)	TY	PE OF I	REPORT	
Hennessy For Hartford July 10					
	J. Interest from Deposits in Authoriz	zed Accounts			
Name of Institution	Подательного подат		e Receiv	ed	Amount
Street Address	City	State		Zip Code	
Name of Institution		Dat	e Receive	ed	Amount
Court Addison	I o:	la.	<u>-</u>	7:- 0-1-	
Street Address	City	State		Zip Code	
	TOTA	L SECTION J	Š.		
K. Misce	llaneous Monetary Receipts not Con	sidered Contr	ibutio	ons	
Name		<u></u>	Date o	f Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description		<u> </u>			
-					
Name		· · · · · · · · · · · · · · · · · · ·	Date o	f Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date c	f Transaction	Amount Received
			<u> </u>	2: 0.1	
Street Address	City	*	tate	Zip Code	
Description					
Name			Date	of Transaction	Amount Received
Street Address	City		itate	Zip Code	
odect radies	СЛУ			•	
Description					
	TOTAL SI	ECTION K			
CUMMADA	OF OTHER MONETARY RECEIP	TC (Castiana)) 4b	l. I/	
		To (occuous r) thre		and the second of the second second second
Total Loans Received this Period (Section	D)			50,000.00	
Total Receipts from Entities other than Ind	lividuals or Other Committees (Section E)		+		
Total Amount Transferred from Affiliated	Business Treasury (Section F)	-	F		
Total Amount Transferred from Affiliated	Labor Union or Other Organization Treasu	ry (Section G)	-		
Total Amount of Personal Funds of the Ca	ndidate Received this Period (Section H)		 ŀ		· · · · · · · · · · · · · · · · · · ·
Total Amount of Interest from Deposits in	Authorized Accounts (Section J)	-			
Total Miscellaneous Monetary Receipts no	t Considered Contributions (Section K)		+		
(Add Sect	Total of Other				

II. EVENT ACTIVITY (Sections L1—L5)

11 1526

	Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Hennessy For Hartford		Information	July 10		
		Intermation			
Event # Date of Event Letter 061523	Arch Street Tavern		!	Was this a fun • Yes	draising event?
Location: Street Address		City		State	Zip Code
85 Arch Street		Hartford		СТ	06103
Subpart 1: (All Committe Was this event hosted at a	•	Yes (<i>If yes</i> , go to Section LS Associated with a Hou purchases made by hose No	ise Party and complete	e required infor	
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		oot Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section Li or on a Sign and comp	3 Purchases of Adverti		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fun OYes	draising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a	· ·	Yes (If yes, go to Section L.: Associated with a Hot purchases made by hos No	ise Party and complete	e required infor	
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required O No		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec	reipts here.)	\$	
	nittees, Municipal Candidates and Political Comm advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.			Program Book
	nittees ONLY) Good or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	cipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —		<u> </u>	
		TOTAL of additional Section	n L1 Pages		
		IPTS FROM SMALL PU			

II. EVENT ACTIVITY (Sections L1—L5)

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67	Cá	6	.,	V

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE	The side Consideration of Production	and with Filing Bangaita	ry)	TYPE OF REPO)RT	and the second	
Hennessy For Hartford	(Provide Complete Name as Register	eu wun Fung Reposito	139	July 10	121		
	L3. Purchase	s of Advertisin	og in a Progr	am Book or on a Sign			
Name of Purchaser			· · · · · · · · · · · · · · · · · · ·		Purchas	e Made By:	
					⊙ Bur	siness Entity	Other
Cooper Communication	ons LLC				OInd	ividual/Sole P	,
Street Address			City			State	Zip Code
321 Hemlock Point Dri	ve		Coventry			CT	06238
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase /	Amount of Sig	gn Purchase
6/3/23	061523	250.00		250.00			
Name of Purchaser		<u> </u>			Purchas	e Made By:	
						siness Entity	Other
The Sorokin Law Firm	LLC					ividual/Sole P	
Street Address			City			State	Zip Code
9 Grand Street			Hartford			СТ	06106
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
6/923	061523	250.00		250.00			
Name of Purchaser	1		· · ·		Purchas	e Made By:	
					⊙ Bu	siness Entity	Other
The Government Solu	tions Group				OInd	lividual/Sole P	
Street Address			City			State	Zip Code
36 Trumbuil Street			Hartford			СТ	06103
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
6/14/23	061523	250.00		250.00			
Name of Purchaser					Purchas	se Made By:	
Dt 1.1	110				1	siness Entity	Other
Blackburn & Donnelly	LLC		Lat		Olno	lividual/Sole P	,
Street Address			City	,		State	Zip Code
PO Box 608			Windsor Loc	Ks		СТ	06906
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	iase	Amount of Si	gn Purchase
6/15/23	061523	250.00		250.00			
Name of Purchaser					Purchas	se Made By:	
D 1 411 C					1 =	siness Entity	Other
Pure Leaf LLC			T		Olno	lividual/Sole P	,
Street Address			City Enfield			State	Zip Code
33 School Street		<u> </u>				<u> </u>	06082
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	iase	Amount of Si	gn Purchase
6/15/23	061523	250.00		250.00			
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in	Program Book — This Page	1,250.0	00	
	SUBTOTAL Sect	ion L3 Total Purc	chases of Adver	tising on a Sign — This Page	0		
			TOTAL of	f additional Section L3 Pages	750), <u>o</u> O	
TOTA	L OF ALL PURCHASES			RAM BOOK or ON A SIGN in A of Summary Page Totals)	2,000.0		

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

		 	The state of the s		200	A Superior of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Provide Complete Name as Register	ed with Filing Reposito	ry)	TYPE OF REPO	KI	1 12-1-4 1	
Hennessy For Hartford				July 10			
	L3. Purchases	of Advertisin	ig in a Progra	m Book or on a Sign			
Name of Purchaser					į.	e Made By:	^
						siness Entity	Other
Daniel A Library			0:		Omo	ividual/Sole P	Zip Code
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase .	Amount of Si	gn Purchase
Name of Purchaser		<u> </u>			Purchas	e Made By:	
					⊙ Bu	siness Entity	Other
Connecticut Valley Avi	ation LLC				OInd	ividual/Sole P	roprietorship
Street Address			City			State	Zîp Code
33 School Street			Enfield			CT	06082
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	nse .	Amount of Sig	n Purchase
6/15/23	061523	250.00		250.00			
	00,020						
Name of Purchaser					_	e Made By: siness Entity	Other
CT Valley Transportation	on LLC				1 =	smess Emrty lividual/Sole P	-
Street Address			City	, <u></u>	1 9	State	Zip Code
520 Hall Hill Road			Somers			СТ	06071
	I	I	<u> </u>	l co lin i	- 1 -		l
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	nse	Amount of Si	gn Purchase
6/15/23	061523	250.00		250.00			
Name of Purchaser					Purchas	e Made By:	
CT Valley Growers					1 —	siness Entity lividual/Sole P	Other roprietorship
Street Address			City			State	Zip Code
520 Hall Hill Road			Somers			СТ	06071
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	 Amount of Si	on Purchase
6/15/23	061523	250.00		250.00			Pur 7 44 6124104
	001020	230.00		230.00			
Name of Purchaser					İ	e Made By:	(A) Orbert
					1 =	siness Entity lividual/Sole P	Other Other
Street Address			City		O IR	State State	Zip Code
						5	
			<u> </u>				<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in F	rogram Book — This Page	750.00		
	SUBTOTAL Secti	on L3 Total Purc	hases of Adverti	sing on a Sign — This Page ()		
			TOTAL of	additional Section L3 Pages	1 ^	-a1	· · · · · · · · · · · · · · · · · · ·
					12	50 - 00	
TOTA	L OF ALL PURCHASES O			AM BOOK or ON A SIGN A of Summary Page Totals)	2,000.0	0	

SEEC FORM 20

III. NONMONETARY RECEIPTS (Sections M—O)

Revised January 2015	1. INDINIVIOI	VETAKT KEC	TELL TO (Sect	TOHS IVIU	<u> </u>		10 00 2 C
NAME OF COMMITTEE (Provide Complete	Name as Registered with l	Filing Repository)		TYPE OF RI	PORT		
Hennessy For Hartford				July 10			
		M. In-Kind Con	tributions				
Name							
Matthew Hennessy							19: 6 1
Street Address		!	City			State	Zip Code
161 Tremont Street	Thursday, and the second	Aggregate Contributions	Hartford Description of In-Ki			СТ	06105
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Received	375.53	Web/Data Ser				
	TO A 11 Alon to to	excess of \$400 to a candid			nicinality T		· · · · · · · · · · · · · · · · · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ONO		ousiness he/she is associat					Aarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes,	tor a principal of a state of indicate which branch or rnment the contract is with	branches	e state contractor?	⊘ No	375.53	
Name							
Street Address	-		City			State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution			
Oludividual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or	excess of \$400 to a cand business he/she is associa	ited with have a contrac	ct with said munic			Market Value Contribution
Is this contribution associated with an	valued at more than Yes Is contribut	tor a principal of a state co	Yes No		OYes		
event reported in Section L1? If yes, list Event #	No If yes, i	indicate which branch or rnment the contract is with	branches	e OLegislative	ONo		
Name							·
			Y				180.5.1
Street Address			City			State	Žip Code
Type of contributor: Ocommittee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution			
Olndividual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in does contributor or valued at more that	excess of \$400 to a cand business he/she is associa \$5,000?	idate for a chief executi ted with have a contrac Yes No	ct with said munic	micipality, ipality		Market Value Contribution
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event reported listed in Section L1? If yes, list Event #		indicate which branch or rament the contract is with		e OLegislative	ONo l		
		SUBTOTAL	Section M — This	Page 375.53	}		
		TOTAL of add	itional Section M P	ages		-,-	
TOTAL OF ALL IN-KIND CON	TRIBUTIONS @	Inter total on Line 23, Colu	unn A of Summary Page	Totals) 375.53	3		
	N. Refund	dable Deposit to T	elephone Comp	any			
Last Name of Individual		First			MI	Date Deposi	t Made
Residential Street Address		City		State Zij	p Code		Amount of
							Deposit
Name of Telephone Company							
Street Address	-	City		State Zi	p Code		
	CONON N ~						
IUIALSI	MULLIUM IN (Enter	total on Line 24, Column	A of Summary Page T	otais)			

SEEC FORM 20 Revised January 2015

EEC FORM 20 vised January 2015	IV. EXPENDIT	TURES (Sections	P—'	T)		2 60 04	
AME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		er dark episterliken		TYPE OF REPORT			
	The state of the s	Daid by C		tal t				
me of Payee	P. Expenses	raid by Co	Juimittee		Date of Payment	Method o	f Payment:	
-					5/18/23	O Check #		
					3/16/23	ODebi		
eet Address		City				State	Zîp Code	
4 Oyster Point	Boulevard	South San	Francisco			CA	94080	
pose of Expenditure code) BNK	Tre Description Event #					15.05	Amount	
penditure # applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contact)	re)	O Independ	lent	ed) AOBOCOD			
me of Payee					Date of Payment	Method of	•	
ripe Inc					5/17/23	O Chec		
eet Address		City				O Debi	t Card © EFT Zip Code	
i4 Oyster Point	Boulevard	South San	Francisco			CA	94080	
pose of Expenditure	Description			Event	# .		Amount	
BNK	Fees					36.30		
me of Payce	None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr		O Independ		A B OC D	Mathodo	f Payment:	
•	P = 110				-	© Chec		
Os Classique Cre	eations LLC				5/22/23	O Debi	t Card OEFT	
ect Address		City				State	Zip Code	
7 Sigourney St	reet	Hartford				CT	06112	
pose of Expenditure	Description			Event	#		Amount	
code) CNSLT	Consulting					600.0	10	
penditure # applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind com	ure)	O Indepen	dent	oed)			
nne of Payee					Date of Payment	1	f Payment:	
ady Printing Inc	> .				5/22/23	Chec Debi		
eet Address		City			<u> </u>	State	Zip Code	
O Box 8429		Seminole				FL	33775	
rpose of Expenditure y code) PRNT	Description Printing			Event	#	956.	Amount	
penditure # applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ıre)	O Indepen	dent	ed))A ()B ()C () D			
		SUBTOTAL	Section P—	- This	Page 1607.46			
	TC	OTAL of addi	tional Secti	on P I	Pages 11 797	281		
	TOTAL OF ALL EXPI (Enter total on Lin							
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SEEC FORM 20

IV EXPENDITURES (Sections P—T)

EEC FORM 20	IV. EXPENDIT	FURES (Sections	PT)			Eage 10 011.	
NAME OF COMMITT	${ m EE}$ (Provide Complete Name as Registered with Filing Repository)			OF REPORT	ng kalapaterika		
	P. Expenses	Paid by Committee			1		
Name of Payee				f Payment	Method of Payment:		
Stripe Inc	Stripe Inc 5/22/23			2/23	Check # Debit Card O		
Street Address		City	I		State	Zip Code	
354 Oyster Point E	Boulevard	South San Francisco			CA 94080		
Purpose of Expenditure	Description		Event #		1	Amount	
by code) BNK	Fees				6,20		
Expenditure #	Time of Evnanditure Utamization in Addendum P Required u	uless "None of the helow" is	checked)		0.20		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA D B OC D						
Name of Payee		- Organiza		Payment	Method of Payment:		
Custom Ink.com		5/23/23		3/23	Check #		
Street Address		City			O Debit State	Card OEFT	
2910 District Ave.		Fairfax			VA	22031	
	T	I aitiak	F #		V/\	22001	
Purpose of Expenditure by code)	Description		Event #			Amount	
A-OTH	T-Shirts				375.4	2	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)]		
	None of the below						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)			в Ос Ор			
Name of Payee				Payment	Method of	-	
Stripe Inc.			5/22	2/23	Check #		
Street Address		City			O Debit State	Card ©EFI	
354 Oyster Point E	Boulevard	South San Francisco			CA	94080	
Purpose of Expenditure	Description	Event#			Amount		
by code) BNK	Fees						
Expenditure #	Гурс of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				15.05		
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expenditure)						
	Coordinated without reimbursement sought (in-kind con	stribution) Organiza		BOCO D			
Name of Payee				Charle		Payment: k #	
Audacy Inc.			5/20	5/26/23		Card OEF	
Street Address		City			State	Zip Code	
2400 Market St., 4	th Floor	Philadelphia			PA	19103	
Purpose of Expenditure (by code)	Description		Event #			Amount	
A-OTH	Sponsorship				250.0	00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						
	None of the below						
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	_		🛆 🗻 .			
				B OC OD	1		
		SUBTOTAL Section P -	- 1 ms rage	646.67			
	${f T}$	OTAL of additional Section	on P Pages	12,758	s . 70		
	TOTAL OF ALL EXP	ENSES PAID BY CON ne 19, Column A of Summary	IMITTEE			· • · · · · · · · · · · · · · · · ·	

SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections P	T)		150 of 2	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Hennessy For Hai	rtford		July 10			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of	*	
Stripe Inc.			6/3/23	O Chec		
Street Address City			O Debit State	t Card OEFT		
354 Oyster Point	Roulevard	South San Francisco		CA	94080	
					1	
Purpose of Expenditure (by code)	Description	Event #			Amount	
BNK	Fees	J		30.10		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Independer				
Name of Payee	1		Date of Payment	Method of Payment:		
Stripe Inc.			6/6/23	O Check		
Street Address		City		O Debit State	t Card OEFT Zip Code	
354 Oyster Point	Roulovará				<u> </u>	
		South San Francisco		CA	94080	
Purpose of Expenditure (by code)	Description	E	vent #		Amount	
BNK	Fees			18.30		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	1				
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	_	at nOA OB OC OD			
Name of Payee			Date of Payment	Method of	•	
Stripe Inc.			6/13/23	O Chec		
Street Address		City		State	Zip Code	
354 Oyster Boule	vard	South San Francisco			94080	
Purpose of Expenditure (by code)	Description	E	vent#	Amount 84.40		
BNK	Fees					
Expenditure # (f applicable)	Type of Expenditure (Hemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind contraction)	ure) O Independe	ent or <mark>() A () B () C() D</mark>			
Name of Payee		Date of Payment		Method of Chec	f Payment:	
Stripe Inc.			6/15/23	O Debi		
Street Address		City		State	Zip Code	
354 Oyster Boule		South San Francisco		CA	94080	
Purpose of Expenditure (by code)	Description	E	vent #		Amount	
BNK	Fees				5	
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	are) Q Independe				
		SUBTOTAL Section P — 7				
	T	OTAL of additional Section	P Pages 13, 227	-, i\		
		ENSES PAID BY COMN ie 19, Column A of Summary P	VITTEE			

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed. SEEC FORM 20 IV. EXPENDITURES (Sections P—T) NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Hennessy For Hartford July 10 P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment: Check # Stripe Inc 6/20/23 O Debit Card EFT Street Address Zip Code City 354 Oyster Point Boulevard South San Francisco CA 94080 Purpose of Expenditure Event # Description Amount (by code) **RNK** Fees 15.05 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization Name of Payee Method of Payment: Date of Payment Check # Stripe Inc. 6/28/23 O Debit Card **O**EFT Street Address City Zip Code 354 Oyster Point Boulevard South San Francisco CA 94080 Purpose of Expenditure Description Event # Amount (by code) **BNK** Fees 3.01 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Oganization OA OB OC OD Name of Payee Method of Payment: Date of Payment Check# FedEX Office 5/31/23 Debit Card **O**EFT Street Address City Zip Code 544 Farmington Ave Hartford CT 06105 Purpose of Expenditure Description Event # Amount (by code) **PRNT** Copying 268,00 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD Name of Payee Date of Payment Method of Payment: Check # Arch Street Tavern 6/15/23 Debit Card OEFT Street Address City Zip Code 85 Arch Street Hartford CT 06103 Purpose of Expenditure Event # Description Purpus, (by code) FNDR Amount Event 061523 553.97 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent

Organization OA OB OC OD

840.03

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12, 565.34

SUBTOTAL Section P — This Page

TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

Coordinated without reimbursement sought (in-kind contribution)

SEEC FORM 20 Revised January 2015

IV.	EXPEND	ITURES	(Sections	P-T)
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SEEC FORM 20 Revised January 2015	IV. EXPENDIT	TURES (Sections	P—T)	74 04 2		
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Hennessy For Ha	rtford		July 10			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:		
rDs Classique Creations LLC 6/19/23			6/19/23	O Check # 108 O Debit Card O EFT		
Street Address		City		State Zip Code		
357 Sigourney St	reet	Hartford		CT 06112		
Purpose of Expenditure	ose of Expenditure Description Event #					
(by code) CNSLT	Consulting	Amount 675.00				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ro) Indepen	dent ationOAOBOCOD			
Name of Payee			Date of Payment	Method of Payment: O Check #		
Lady Printing Inc			6/21/23	O Debit Card OEFT		
Street Address		City		State Zip Code		
PO Box 8429		Seminole		FL 33775		
Purpose of Expenditure (by code)	Description		Event#	Amount		
PRNT	Printing			37.00		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controller)	e) Indepen				
Name of Payee			Date of Payment	Method of Payment: Check # 109		
Frame Media Stra	ategies		6/23/23	O Debit Card OEFT		
Street Address		City		State Zip Code		
425 Rooseveit Tra	ail	Windham		VT 04062		
Purpose of Expenditure (by code)	Description		Event #	Amount		
CNSLT	A-DM, A-WEB			9420.95		
Expenditure # ((f 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	rre) 🔘 Indepe		·		
Name of Payee			Date of Payment	Method of Payment: Check #		
Street Address		City		O Debit Card O EFT State Zip Code		
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 expenditure) Coordinated without reimbursement sought (in-kind control of the c	re) Indeper				
		SUBTOTAL Section P –	- This Page 10,132.95			
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	TOTAL OF ALL EXPE	ENSES PAID BY COM	MMITTEE			
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IV. EXPENDITURES (Sections P-T)

25 of 26

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository,		TY	PE OF RE	PORT			
						a gripa anjara.		
	T. Itemization of Reimb	i i i i i i i i i i i i i i i i i i i 	dary Pa	yees	4.14. 11.11.11.11.11.11.11.11.11.11.11.11.11	In cn		
Last Name of Worker/Cons FRAME MEDIA	ultant	First			MI	Person of		
Name of Vendor, Person or	Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant as							
USPS				ـــُــا	reported in Section P: Check # O Debit Card			
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
79 Postal Way		Scarborough				ME	04074	
Purpose of Expenditure (by code) POST	Description postage					315.63	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required	l unless "None of the below"	is checked)					
iy iyaniliki	None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of	liture)		0 () (O D			
Last Name of Worker/Cons	ultant	First			мі		ayment to Vendor,	
FRAME MEDIA						Person or 6/23/		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:			Vorker/Consultant as	
META				-	ck#	O Debit Card		
	erson or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
1 Hacker Way		Melno Park			CA	94025		
Purpose of Expenditure (by code)	Description		Event #				Amount	
A-Web	Facebook Ad			695.59		}		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	liture) O Indep	is checked) endent O ization: 0 A	0 () () o c o b			
Last Name of Worker/Cons	ultant	First			МІ	Date of Payment to Vendor, Person or Entity		
FRAME MEDIA						6/23/	*	
Name of Vendor, Person or USPS	Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consulteported in Section P:			_	
	Person or Entity Paid by Committee Worker/Consultant	Ch.		O Che	ck #	_ Del	oit Card	
79 Postal Way	erson of Emily Faw by Communes Worker/Consultant	City Scarborough				ME	04074	
Putpose of Expenditure	Description	Joan Borough	Event #					
(by code)	Postage					399.20	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind c	liture)	is checked) endent O ization: 0 A	0 () (O	030,20		
SUBTOTAL Section T—This Page 1.					0.42	•		
		FOTAL of additional Sec	tion T Pag	jes _	582. 4 9	 К		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	ORKERS AND CONS	SULTAN		92.90	.	STORE PROMET CANADA VANCACIONA CANADA CA	
	terreting elektroner och på eller på trette kalt et blikke blandet (blev 1).		er er er er i Seria er Seria	v V . 3 r				

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposi	itory)		TYP	E OF RE	PORT		
	T. Itemization of Rein		and Care 3	D-				
Last Name of Worker/Cor		First	and Seconda	iry Pay	ees	МІ	Date of I	Payment to Vendor,
FRAME MEDIA		rust	erst			IVII	Person or Entity 6/23/23	
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant	· · · · · · · · · · · · · · · · · · ·					Committee 1	Worker/Consultant as
TargetSmart					Chec	n Section P: ck #	_ () De	bit Card () EFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
1155 15th St NW	\$ 750	Washing	ton				DC	20005
Purpose of Expenditure (by code) OVHD	Description		E	vent #			582.48	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditure) Coordinated with reimbursement sought (in-kit) Coordinated without reimbursement sought (in-kit)	spenditure)	O Independe	ent O	O C) () o c o b		
Last Name of Worker/Con	sultant	First				МІ	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					1 Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	• • • • •				State	Zip Code
Purpose of Expenditure (by code)	Description		Ev	vent#			<u> </u>	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-kit)	spenditure)	of the below" is continued in the below of t	ent O	O C) О		
Last Name of Worker/Con	ssultant	First		•		МІ	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person o					Section P:	_	Worker/Consultant as	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description		E	vent#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requestry None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kit)	penditure)	of the below" is c	ent O	O C) C • D		
		SUBTOTAL	L Section T —	This Pag	e 582	.48		
		TOTAL of ad	lditional Section	n T Page	s l	410.4)	· · · · · · · · · · · · · · · · · · ·
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSUI	LTANT	S 199	2.90		
		e, reserve en en en establishe	guegos au l'Ambre de l'Ambre	. e. (.5.4			