1 1 6 May

	CC	NE	R PA	CE			Frankliserwebyte**	
1. NAME OF COMMITTEE		PARCELLA MANAGER			-	ĮĮ.		
Hennessy For Hartford	and A feed above to a control of the control of the purpose and the Section Se	EARLY MARKET PROPERTY.	- No. (Comme) de mangraph basedonique de babellate				(3) (3)	
2. TREASURER NAME	and the second of the second s				4		r'ana	2014 51 53
Enst	All	remande en	1,1.1	and the first party and the second se	Valority Ave. B. Land Special Confession of the	13.7	4	Suhix
Edward			Jason				X.Ma	
3. TREASURER ADDRESS	aan aan ah						rectanger end	; † }
Sucet Address	and the property of the second	Citts		· · · · · · · · · · · · · · · · · · ·		State*		(odeCa)
7 Grey Fox Trail		A۷	on .			CT	06	001
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Com	plete out	e if Candidat	(Conomittee)				RICT NUMBER
(min (d.v.) v) 11/07/2023	Treasurer						tif applicab.	le)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Commit	(ee)						
First	M	TALBLE START	Last	MARINI, IN THE PARTY AND A PROPERTY OF THE PARTY OF THE P				Sillur
Matthew			Henne	ssy				
8. TYPE OF REPORT (Check One Hox)								
O January 10 filing	O7th day preceding prin	ıary	○ 7th	day preceding refere	endum	Omitial Con		or Disbursement
O April 10 filing	30 days following pun	nary	O45	lays following refere	endum	O Amendmer	al to	
OJuly 10 filing	○7th day preceding elec	tion	Ohe	icit		Type of Re		
October 10 filing	12th day preceding ele		()Tei	nunation				
O24 Hour Independent Expenditure OPrimary OElection	O45 days following elec- not held in November	tion						
9. PERIOD COVERED								
	Beginning Date			Ending Date	!			
-	07/01/2023		thru	9/30/2023		- Marine and Ar		
		3 -7-7-8 1 1 1 1 1 1 1 1 1		etti Tiran (18 ava Vingaritar saanaranaala alkaraan sar sala saan				***************************************
10. CERTIFICATION							· · · · - · · - · · · · · · · · · ·	
I hereby certify and state, under p Disclosure Statement for the per	enalties of false statemen riod covered is true, acc	arate	and com	plete		s Itemized Ca	mpaign f	inance
Colward Yaso	4/4	E	MWG	RD TA	SW		10 9	12023
FREASURER OR DEPUTY TREASURE	R (SIGNATURE)			DE SIGNER			DATE	(murdd'yyyv)
- — « — « — « — « — — — — — — — — — — —	ericking og er en en er en			***************************************		A Managari Property A to provide an America and Americ		nn a marganda (menemada men em jón ente leud lemente de este está leud
A person who is,	found to have knowingly fàces a c	and w	dlfulty vie nalty or i	lated any provisio aprisonment or bo	ons of the oth.	campaign find	nice stati	utes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	44,894.63	
13. Contributions Received from Individuals (Sections A and B)	475.00	6,775.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	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)	0	2,000
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	475.00	58,775
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	45,369.63	58,775.00
19. Expenses Paid by Committee (Section P)	18,601.85	32,007.22
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	26,767.78	26,767.78
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)	0	375.53
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	50,000	
25a. + Loans Received (Section D)	0	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)	o	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	
		• The second sec

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1.A.,		TYPE OF REPORT	verg it		
Hennessy For Hartford			10/10/23			
A. Total Contributions from Small Contributors-Recei	taranta and the	this Period ONLY BTOTAL SECTION A \$ 25.00				
	ontr	ibutions from Indivi	duals			
Last Name McCorthy		First				MI
McCarthy Residential Street Address	10:41	Thomas		10	17:-	Code
130 East Eaton Street	City	idgeport		State	1 -	6604
Principal Occupation		Name of Employer		10,		
HR Director		Town of Trumbull	CT			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	0 to a			v. An	ount	of Contribution
or dependent child of a lobbyist? No does contributor or business he/sh valued at more than \$5,000?					0,00	01 00217.04
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a figure, indicate which broof government the contributor as principal of a figure which broof government the contributor as principal of a figure which broof government the contributor as principal of a figure which broof government the contributor as principal of a figure which brooks are a figure which	anch (_ O No			
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMond	ey Ord	er 07/18/23	100.00	- }		
Last Name	7	First				MI
Jones	Ì	Thomas				
Residential Street Address	City			State	Zip	Code
27 South Main Street	South Main Street West Hartford 0				0	6107
Principal Occupation		Name of Employer				
Attorney		Self-Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/sh valued at more than \$5,000?					ount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of the first of government the contributor of government the contributor as principal of the first of government the contributor as principal of the first of government the contributor as principal of the first of government the contributor as principal of the first of government the contributor as principal of the first	anch o		te contractor? Yes	;	0.00	
Method of Contribution:			Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 07/19/2023	100.00			
Last Name		First	<u> </u>			MI
Caroll		James				
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip	Code
346 Martin Road	He	bron		CT	0	6248
Principal Occupation		Name of Employer				
Attorney		Walt Disney				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					ount ().00	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which be of government the contributor.	anch o	or branches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Orde	er 7/23/23	250.00			
SUB	TOT	'AL Section B — This	Page 450.00			
ТОТА	L of	additional Section B F	ages 0			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A column A of Summary Page				

State Zip Code Date Received Aggregate Contributions			
Address Is this contribution associated with an Oyes ONo event reported in Section L1? If yes, list Event #			
State Zip Code Date Received Aggregate Committee			
Name of Committee Name of Treasurer Name of Treasurer	of Contribution		
Address Is this contribution associated with an			
State Zip Code Date Received Aggregate Contributions			
Name of Committee Name of Treasurer	of Contribution		
Address Is this contribution associated with an O Yes O No event reported in Section L1? If yes, list Event # City State Zip Code Date Received Aggregate Contributions C2. Reimbursements or Surplus Distributions from other Committees			
City State Zip Code Date Received Aggregate Contributions			
City State Zip Code Date Received Aggregate Contributions C2. Reimbursements or Surplus Distributions from other Committees	Amount of Contribution		
Address City State	Zip Code		
Date Received Expenditure #	int of Receipt		
Description			
Name of Committee Name of Treasurer			
Address City State	Zip Code		
Date Received Expenditure # (if applicable) Payment Type O Reimbursement for shared expense O Surplus Distribution Amou	nt of Receipt		
Description			
SUBTOTAL Section C — This Page			
TOTAL of additional Section C Pages			
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)			

NAME OF COMMITTEE (Provide Complete N	lame as Registered with Filing Repos	itory)			F REPORT	
Hennessy For Hartford				10/10/	23	
	D. Loans	Recei	ved this Period			
Name of Lender			Source of Loan: OBank O Car	ndidate 🔘 Individu	nal Other	Date of Receipt
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)				<u> </u>		Amount Received
Street Address	l city			LEtata	7: C-1:	4
Street Audiess	City			State	Zip Code	
Name of Lender			Source of Loan: OBank O Can	didate () Individu	nal Other Committee	Date of Receipt
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	<u> </u>		Source of Loan:	<u> </u>		Date of Receipt
Ivalle of Echael				adidate 🔘 Individu	nal Other 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	
			TOTAL SECT	ION D 0		
E. Receipts from E	ntities other than Indiv	viduals	or Other Com	mittees <i>(Refere</i>	endum Committ	ees ONLY)
Name of Entity						
Street Address		<u></u>	<u> </u>	Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	
Name of Entity		1		1		
Street Address	·			Date Received	<u> </u>	Amount Received
Direct Madiess				Sine Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	
Name of Entity		<u>.l</u>			""""	<u> </u>
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	-
			TOTAL SECT	ION E 0		<u> </u>
			TOTAL SECT	TONE		

	EE (Provide Complete Name as Register	ed with Filing Repository)		TYPE OF REPORT			
Hennessy For Hart	ford			10/10/23			
	E. Amount Transferred f	rom Affiliated Busine	ss Treasury (Busin	ess Entity Committees	ONLY)		
Date of Receipt	Is this transaction associate event reported in Section	• • • • • • • • • • • • • • • • • • •	s, list Event#		Amount		
Date of Receipt	Is this transaction associate event reported in Section	~	s, list Event #		Amount		
Date of Reccipt	Is this transaction associate event reported in Section		s, list Event #		Amount		
Date of Receipt	Is this transaction associate vent reported in Section	~ *** **** ******	s, list Event #		Amount		
			TOTAL SECTION	VF 0			
G. Amount T	ransferred from Affiliate	d Labor Union or Ot	her Organization	Treasury (Organiza	tion Committees ONLY)		
Date of Receipt		ate of Receipt		Date of Receipt			
Amount		Amoun	t		Amount		
		1	OTAL SECTION	G 0			
	H. Personal Funds of the	ne Candidate Receive	d this Period <i>(Can</i>	didate Committees ON	L.D.		
Date of Receipt	Method of payment:				Amount		
	O Cash	Personal Check	Credit/Debit (Card			
Date of Receipt	Method of payment:				Amount		
	O Cash	Personal Check	Credit/Debit (Card			
Date of Receipt	Method of payment:				Amount		
	O Cash	Personal Check	Credit/Debit (Card			
Date of Receipt	Method of payment:				Amount		
	OCash	O Personal Check	Credit/Debit C	Card			
			TOTAL SECTIO	DNH 0			
		I. Anonymous Co	ntributions				
an	Per Public Act 11-48, Anount. If a committee re immediately remit the	eceives an anonymou	s contribution, th ate Elections Enf	e campaign treast	ırer shall		

NAME OF COMMITTEE (Provide Complete Name as Registered	l with Filing Repository)		TYPE C	OF REPORT	
Hennessy For Hartford		<u></u>	10/10	/23	
J. Interc	est from Deposits in Auth	orized Account	S		
Name of Institution			Date Rec	ceived	Amount
Street Address	City	Ste	ate	Zip Code	
Name of Institution			Date Rec	ceived	Amount
Street Address	City	Ste	nte	Zip Code	
	rc	TAL SECTION	J)	
K. Miscellaneous	s Monetary Receipts not (Considered Con	tribu	tions	
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u> </u>	<u></u>	
Name	anni ann an Aireann agus an Aireann Aireann An Aireann an Aireann an Aireann an Aireann an Aireann an Aireann		Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			1		
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			I	<u> </u>	
Name	**************************************		Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u>. </u>		·
	TOTAL	SECTION K	0		
SUMMARY OF OTI	HER MONETARY RECH	EIPTS (Sections	D th	rough K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals o	r Other Committees (Section E)	+		
Total Amount Transferred from Affiliated Business	Treasury (Section F)		+		
Total Amount Transferred from Affiliated Labor Un	tion or Other Organization Tre	asury (Section G)	+		
Total Amount of Personal Funds of the Candidate R	eceived this Period (Section H)		+		
Total Amount of Interest from Deposits in Authorize	ed Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts not Consider	red Contributions (Section K)		+		
(Add Sections D thr	Total of Ot ough K) (Enter total on Line 15, Co	her Monetary I Jumn A of Summary I			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE Hennessy for Hartford	(Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT 10/10/23	r is a in		
	L1. Even	t Infor	mation				
Event # Date of Event Letter	Description				Was	s this a fu	ndraising even
Location: Street Address		City				State	Zip Code
Subpart 1: (All Committee Was this event hosted at	-	OYes ONo	(If yes, go to Section L5 Associated with a Hou purchases made by host	ise Party and compl	ete req	uired infor	
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes O No	(If yes, go to Section La and complete required i		s not C	onsidered	Contributions
Was this fundraiser a tag with purchases from an it	sale, auction, or other sale of donated items dividual of up to \$100?	Oyes O No	(If yes, enter Total Reco	eipts here.)	* [\$		
Were there purchases of a sign associated with this			ther than Exploratory (If yes, go to Section L3 or on a Sign and comp	Purchases of Adve			Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			(If yes, enter Total Reco	eipts here.)	* \$		
Event # Date of Event Letter	Description				Was	this a fur OYes	ndraising even
Location: Street Address		City			<u>-</u>	State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		OYes ONo	(If yes, go to Section L5 Associated with a Hou- purchases made by host	se Party and comple	ete requ	uired infor	
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes O No	(If yes, go to Section La and complete required i		s not C	onsidered	Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items idividual of up to \$100?	O Yes	(If yes, enter Total Reco	cipts here.)	\$ [\$		
	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?		her than Exploratory ((If yes, go to Section L3 or on a Sign and comp	Purchases of Adver			Program Book
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes ONo	(If yes, enter Total Rece	ípts here.)	\$		
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale	of Donated Items — I	This Page	-		
			ubpart 3 <i>(Town Committ</i> 1 Food Purchases — T		'		
		TOTAL	of additional Section	L1 Pages	··	<u></u>	
	TOTAL OF ALL RECE (Enter total on		ROM SMALL PUR Column A of Summary				

II. EVENT ACTIVITY (Sections L1—L5)

		B, effective January 1 om a committee tag s						
NAME OF COMMITT	EE Provide Complete Nam	e as Registered with Filing Reposito	yrv)		TYPE OF REPOR	.T		
Hennessy For Hartfo		108000	*2/		10/10/23			
	13 P	urchases of Advertisi	ng in a Prog	ram Book or o	n a Sign			
Name of Purchaser	170, 1	ur causes of 1207 of tisa	15 11 11 11 17 10 5		AL A DAGIL	Purcha	se Made By:	
					1	OBi	isiness Entity	Other
					ì	ŎIn	dividual/Sole P	roprietorship
Street Address			Cîty				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of Si	gn Purchase
								5
Name of Purchaser						Purcha	se Made By:	
					j		siness Entity	Other
					Ì		tividual/Sole P	roprietorship
Street Address			City	· · · · · · · · · · · · · · · · · · ·			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	50	Amount of Si	an Purchase
240 10101110		11ggregate I tavinass	MIII Ziviji	Amountoille	giani Au i uivua	*	Allount of 51	gn x urchuse
Name of Purchaser	i					Purcha	se Made By:	
					ŧ		siness Entity	Other
					1	Ŏ _{In}	dividual/Sole P	roprietorship
Street Address			City	···	· · · · ·		State	Zip Code
							•	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser						Durcha	se Made By:	
Ivanie of Fugurases						_	siness Entity	Other
					i	_	lividual/Sole P	~
Street Address			City			<u> </u>	State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	se	Amount of Si	I gu Purchase
					9			•
Name of Purchaser						Purcha	se Made By:	
					1		siness Entity	Other
						Ŏ _{Inc}	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
								1
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	se l	Amount of Sig	gn Purchase
				1.2000000 01 8 10	9au z uzenia		an or or	9— ~ w4 emilion
	<u> </u>			Managara da managara da managara	4 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4			
	SUBTOTAL Sect	ion L3 Total Purchases of	Advertising in	Program Book –	– This Page			
	SUBTOT	AL Section L3 Total Purc	hases of Adver	tising on a Sign –	– This Page			
			TOTAL	f additional Sectio	n L3 Pages	<u></u>	<u> </u>	
		Mercor Inventure	의 사이스 보다를 위되는		ed videlage file			· · · · · · · · · · · · · · · · · · ·
	ial of all pukch	IASES OF ADVERTISIN (Enter total on A		RAM BOOK or (in A of Summary 1				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	EE (Provide Complete Name	as Registered with Filing Repos	sitory)		TYPE OF REPO	ORT		
Hennessy For Hartfo	ord			}.	10/10/23			
	L	4. In-Kind Donatio	ns Not Cons	idered Contribut	ions			
Name of Donor								
						· · · · · · · · · · · · · · · · · · ·	-,	
Street Address			City				State	Zip Code
					·· <u>···································</u>	·	<u> </u>	
Donation Given By:	Description of Donation					Fair I	Market Va	lue of Donation
OBusiness Entity Individual								
O Sole Proprietorship	Date Received	Event#		Aggregate Value for	this Event			
Name of Donor								
	·						,	· 1
Street Address			City				State	Zip Code
							<u> </u>	
Donation Given By:	Description of Donation					Fair M	Market Va	lue of Donation
OBusiness Entity								
OIndividual OSole Proprietorship	Date Received	Event #	t # Aggregate Value for this Event					
	<u> </u>						 	
Name of Donor								
· · · · · · · · · · · · · · · · · · ·							,	
Street Address			City				State	Zip Code
								<u> </u>
Donation Given By:	Description of Donation					Fair M	Market Va	lue of Donation
Business Entity								
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
O doke Trophicioisinp	<u> </u>							
Name of Donor								
Street Address			City				State	Zíp Code
						:		
Donation Given By:	Description of Donation					Fair N	larket Va	lue of Donation
Business Entity								
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for t	his Event			
C doic 1 tophetorsnap								
		SU	BTOTAL Sect	ion L4 — This Page				
								
		TO	TAL of additio	nal Section L4 Pages	(*) N			
					3 3		·	
TOI	'AL OF ALL IN-KINI	D DONATIONS NOT ((Enter total on Line 21						
e Area period (present en eligibil	geographic life of the fitting large of election	Amount should be said at	·	The state of the s	<u> 1</u>			

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Re	pository)			TYPE OF RE	PORT	
Hennessy For Hartford					10/10/23		
L5. I	n-Kind Donations Not Consid	ered (Contributions Associa	ted with a I	Touse Par	ty	
Name of Host				committee?		Ю	one candidate o Idendum L5
Street Address			City	1		State	Zip Code
Description of Donation					Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this ho</i>	st/candidate			
Name of Host				committee?	supporting m OYes ON omplete Itemiz	О	ne candidate o Idendum L5
Street Address			City		<u> </u>	State	Zip Code
Description of Donation			<u> </u>		Fair Mai	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host	}	·— <u>.</u>		committee?	supporting months of New Yes ON	o	ne candidate 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 ho.	st/candidate			
Name of Host				committee?	supporting me OYes ON mplete Itemize	0	ne candidate or dendum L5
Street Address			City			State	Zip Code
Description of Donation			L		Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
		SUB	TOTAL Section L5 — I	This Page			
		ТОТА	L of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on		ONSIDERED CONTRIE 2, Column A of Summary P		0		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	e Name as Registered with	h Filing Repository)		TYPE OF REPORT			
Hennessy For Hartford				10/10/23			
		M. In-Kind Cont	ributions				
Name	<u> </u>			······································			
Street Address		[0	City		State	Zip Code	
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
Ondividual / Sole Proprietorship Oother							
Is contributor a lobbyist, spouse, Yes		excess of \$400 to a candida business he/she is associated			7,		
or dependent child of a lobbyist? No	E .	Market Value s Contribution					
Is this contribution associated with an	valued at more than	outor a principal of a state cor	OYes ONo	ate contractor?	Yes	3 COMITIONION	
event reported in Section L1?	No If yes	, indicate which branch or b	ranches	Ō	No	· j	
If yes, list Event #	of gov	remment the contract is with:	C Executive	Legislative			
Name			,				
Oracl Addison			100		LGenta	Zip Code	
Street Address		ľ	'ity		State	Zip Code	
				0 7		<u> </u>	
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
OIndividual / Sole Proprietorship Oother	<u> </u>						
Is contributor a lobbyist, spouse,		in excess of \$400 to a candid or business he/she is associate			-	Market Value s Contribution	
or dependent child of a lobbyist? O No	valued at more the		O Yes O No				
Is this contribution associated with an		utor a principal of a state con		ate contractor?	Yes		
event reported in Section L1? If yes, list Event #	· · · · · · · · · · · · · · · · · · ·	, indicate which branch or be ernment the contract is with:	Fanches Executive	OLegislative Ö	No		
Name							
Street Address		C	ity		State	Zip Code	
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution			
OIndividual / Sole Proprietorship Oother	}	}	}				
Is contributor a lobbyist, spouse, Yes	If contribution is i	n excess of \$400 to a candid	ate for a chief executive	officer of a municipalit	y, Fair	Market Value	
or dependent child of a lobbyist? No	does contributor o valued at more that	r business he/she is associate	d with have a contract w	vith said municipality	of thi	s Contribution	
Is this contribution associated with an	' _ ' 	utor a principal of a state con		ate contractor?	res		
event reported listed in Section L1?	No If yes,	indicate which branch or be	ranches _	\mathbf{O}^{1}	No		
If yes, list Event #	of gove	ernment the contract is with:	O Executive	O Legislative			
		SUBTOTAL S	ection M — This Pa	ge			
RASSESSE SERVICES CONTRACTOR		TOTAL of addit	ional Section M Pag	us -			
					· · · · · ·		
TOTAL OF ALL IN-KIND CON	TRIBUTIONS (Enter total on Line 23, Colum	n A of Summary Page To	otals) 0	·,		
	N. Refun	dable Deposit to Te	ephone Compan	V			
Last Name of Individual		First		MI	Date Depos	it Made	
Residential Street Address	<u>,</u>	City		State Zip Code			
Wishelital Office Address		Cuy		Zip Code	ļ	Amount of Deposit	
						Deposit	
Name of Telephone Company							
					1		
Street Address	<u> </u>	City		State Zip Code			
		agent, Constitution in Citizen and Street and	eres Columbia				
TOTAL SE	ECTION N (Enter	total on Line 24, Column A	of Summary Page Tota	(s) 0			

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.

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IV. EXPENDITURES (Sections P-T)

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NAME OF COMMIT Hennessy For Ha	TEE (Provide Complete Name as Registered with Filing Repository) rtford		TYPE OF REPORT 10/10/23			
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of		
rDs Classique Cre	eations LLC		07/06/23	O Check # 110 O Debit Card OEFT		
Street Address		City		State	Zip Code	
357 Sigourney St	reet	Hartford		СТ	06112	
Purpose of Expenditure (by code) CNSLT	Description Event #			600.0	Amount 600.00	
Expenditure # (if applicable)						
Name of Payee			Date of Payment	Method of		
rDs Classique Cre	eations LLC		07/18/23	O Check		
Street Address		City		O Debit State	Card OEFT Zip Code	
357 Sigourney St	reet	Hartford		СТ	06112	
Purpose of Expenditure (by code) CNSLT	Description		Event#	4,350	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) O Independe				
Name of Payee			Date of Payment	Method of	*	
Stripe Inc.			07/20/23	O Check	Card OEFT	
Street Address		City		State	Zip Code	
354 Oyster Point	Boulevard	South San Francisco		CA	94080	
Purpose of Expenditure (by code) BNK	Description		Event #	12.40	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement)	re) [Independ				
Name of Payee			Date of Payment	Method of	-	
Strip Inc.			07/23/23	O Check		
Street Address		City		State	Zip Code	
354 Oyster Point	Boulevard	South San Francisco		CA	94080	
Purpose of Expenditure (by code) BNK	Description		Event #	15.05	Amount	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contraction)	e) [Independ				
	S	UBTOTAL Section P —	This Page 4,977.45			
	ТО	TAL of additional Section	n P Pages			
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COM 19, Column A of Summary 1				

SEEC	FORM	20

Section P. ADDITIONAL PAGE 14 of 14

NAME OF COMMIT	TEB: (Provide Complete Name as Registered with Filing Repository)		ТҮРІ	OF REPORT	t ka vartaa	
Hennessy For Hartford 10/10/23						
	P. Expenses	Paid by Committee	e			
Name of Payce Date of Payment						Payment:
FedEx Office			08/0	1/23	OCheck #	
Street Address		City			O Debit State	Card OEFT Zip Code
Ì	Aug	} `			CT	06105
544 Farmington	ave	Hartford	·		101	00105
Purpose of Expenditure (by code)	Description		Event #]	Amount
PRNT					22.22	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the helow" i	s checked)		20.21	
(if applicable)	None of the below (does not involve another candidate or con	<u> </u>	o cincentray			
	Coordinated with reimbursement sought (joint expenditur		ndent			
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiz		B OC OD	<u></u>	<u> </u>
Name of Payce			1	Payment	Method of Check	•
The Hartford New	<i>I</i> S		08/1	6/23	O Debit	
Street Address		City		_ _	State	Zip Code
30 Arbor Street		Hartford			СТ	06106
Donata CE and Com	Thursday.	<u> </u>	Event#		<u> </u>	<u> </u>
Purpose of Expenditure (by code)	Description		Evelli #			Amount
A-News					400.00	0
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)]	
(у аруасаоге)	None of the below (does not involve another candidate or committee)					
	Coordinated with reimbursement sought (joint expenditure			0 0		
Name of Payce	Coordinated without reimbursement sought (in-kind contri	Organiz		BOCOD Payment	Method of	Payment.
	ALA A CD		ı	•	Check	
Greater Hartford	NAACP		09/0	8/23	O Debit	Card OEFT
Street Address		City			State	Zip Code
PO Box 1012		Hartford		!	CT	06145
Purpose of Expenditure	Description	<u> </u>	Event #			Amount
(by code) A-OTH	·			:]	
<u></u>	<u> </u>		<u> </u>		350.0	0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	Ť	is checked)			
	O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent					
ļ	Coordinated with reimbursement sought (in-kind continuous))B Oc Od		
Name of Payee		<u> </u>		Payment	Method of	Payment:
rDs Classique Cre	ations LLC		09/0	8/23	O Check	
	00013 210	La	10770		O Debit	
Street Address	:	City			State	Zip Code
357 Sigourney St	reet	Hartford			CT	06112
Purpose of Expenditure	Description	<u> </u>	Event#	···		Amount
(by code) CNSLT			}		}	
	<u> </u>				675.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	•	s checked)			
	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent					
	Coordinated without reimbursement sought (in-kind contri			в Ос Ор		
						
		UBTOTAL Section P-	- I nis Page	1,445.21		

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Section P. ADDITIONAL PAGE 15 of 17

NAME OF COMMIT	TEB. (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	1907 E 18	87 818 9 8 8 1 G
Hennessy For Ha	Hennessy For Hartford 10/10/23					
	P. Expenses	Paid by Com	mittee		oraci basa Tanggan	
Name of Payee			<u></u>	Date of Payment	1 -	f Payment:
Ella Harrington				9/11/23	O Chec	
Street Address		Cîty		<u></u>	O Debi State	t Card OEFT Zip Code
16 Walbridge		West Hartford	! 		ст	06117
Purpose of Expenditure (by code) CNSLT	Description Event#			175.0	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required in Onne of the below (does not involve another candidate or ear Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	173,0				
Name of Payee				Date of Payment	Method of	•
Frame Media Stra	ategies LLC			9/16/23	O Chec	
Street Address		City	 	<u> </u>	O Debit	Card OEFT Zîp Code
425 Roosevelt Tra	ail	Windham			ME	04062
Purpose of Expenditure	Description		Eve	at#	1	Amount
(by code) CNSLT	A-DM, A-WEB, PRNT, POST				8,224.19	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind contr	mmîttee)	Independent			
Name of Payee				Date of Payment	Method of	-
rDs Classique Cre	eations LLC			09/28/23	O Chec	
Street Address		City	···		State	Zip Code
357 Sigourney St	reet	Hartford			СТ	06112
Purpose of Expenditure (by code) CNSLT	Description		Ever	nt#		Amount
Expenditure #	The state of the s	- I «Ni C4I			2,300	00,0
(if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or ce Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ure)	Independent	<u>Oa Ob Oc Od</u>		
Name of Payee				Date of Payment	Method of	-
Marketing 101 LL	.c			09/28/23	O Chec	
Street Address		City		<u>.l.,,</u>	O Debit State	Card OEFT Zip Code
15 Baer Circle #B2	2	East Haven			СТ	06512
Purpose of Expenditure (by code)	Description		live	at #		Amount
A-Sign				·	1,480.6	00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control					
	,	SUBTOTAL Sect	ion P.—Th	is Page 12,179.19		

IV. EXPENDITURES (Sections P-T)

Page	14 of 17	۵,5
_	8 5 m 6 80	ę

pository)		REPORT	11.5
	10/10/2	3	
Expenses Paid l	y Candidate		
	Date of Payr	nent Is reimbursement clain	ned?
		O Yes O N	0
City		State Zip Code	
	Event #	Amount	· · · · · · · · · · · ·
	Date of Payn	nent Is reimbursement clain	ned?
		O Yes O N	
City		State Zip Code	<u></u>
	Event #	Amount	······································
- Aurora - A	Date of Paya	nent Is reimbursement clain	ned?
		O Yes ON	0
City		State Zip Code	
	Event#	Amount	
	Date of Payr	nent Is reimbursement clain	ned?
		O Yes O N	0
City		State Zip Code	····
	Event #	Amount	
	Date of Payn	nent Is reimbursement claim	red?
		O Yes O No	0
City	· · · · · · · · · · · · · · · · · · ·	State Zip Code	
	Event #	Amount	
	Date of Payn	ent Is reimbursement claim	ned?
		O Yes O No	3
City		State Zip Code	
	Event #	Amount	
SUBTOTAL Se	ction Q — This Page		
TOTAL of addition	onal Section Q Pages		
		· · · · · · · · · · · · · · · · · · ·	
	City City City City City City City	City Event # Date of Payn Date of Payn Date of Payn City Event # Event #	Date of Payment Is reimbursement claim City State Zip Code

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor), (ri	TYPE OF REPORT 10/10/23		
	AND THE REPORT OF THE PROPERTY	red on Committee Credit			
Name of Issuing Inst		Type of Credit Card:			
·		Visa Master Card	O Discover O America	ın Express	Other:
Name of Vendor, Person	or Entity			Date of Tr	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Ever	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind	nditure) Independen			
Name of Vendor, Person	or Entity			Date of Tra	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expension Coordinated without reimbursement sought (in-kind	nditure) [Independen			
Name of Vendor, Person o	or Entity			Date of Tra	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Ever	nt #		Amount
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the kind of th	0			
	\$	SUBTOTAL Section R — This	Page	-	
	TO	TAL of additional Section R P	ages		
To	OTAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CREDIT Cine 27, Column A of Summary Page			

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Re	pository)	TYPE O	F REPORT		
Hennessy For Ha	rtford		10/10	/23		
	S. Expenses Incurred by	Committee but Not Paid	During this	Period		
Name of Creditor					Date Incur	red
Street Address		City	*** **********************************		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		,	nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	Indepe		в Ос Ор		
Name of Creditor					Date Incut	тed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			nount Incurred timate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	Indepet expenditure) Organi		в Ос Ор		
Name of Creditor					Date Incur	red
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	t expenditure) Indepe		в Ос Ов		
		SUBTOTAL Section :	S-This Page			
		TOTAL of additional Sec	tion S Pages			
TOTAL OF ALL I	XPENSES INCURRED BY COMMITTEE (Enter to)	DURING THIS PERIOD BUT tal on Line 28, Column A of Summa		0		
	Previously reports	ed Expenses Unpaid and still O	utstanding	0		
	TOTAL OF ALL EXPENSES INCU (Enter total	RRED BY COMMITTEE BUI I on Line 28a, Column A of Summa	graph and the firm of the control of the first terms of the control of the contro	0		

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IV. EXPENDITURES (Sections P—T)

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	EE (Provide Complete Name as Registered with Filing Repositor	9)		PE OF RE	PORT		
Hennessy For Har)/10/23		an a facility of	
	T. Itemization of Reiml	oursements and Seco	ondary Pa	yees			Kalifornia il in
Last Name of Worker/Cor Frame Media Stra		First			MI	Person of 1	*
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant	<u> </u>		reported is	o Reimburse n Section P: ck #_118	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		I		State	Zip Code
79 Postal Way #10	058	Scarborough				ME	04074
Purpose of Expenditure (by code)	Description		Event #			Amount 145.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	enditure) O Inde	v" is checked) ependent O anization: O A	0 () (° ° °		
Last Name of Worker/Cor	isultant	First			MI	Date of I Person o	Payment to Vendor, r Entity
Frame Media Stra	itegies LLC)	09/10	
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant	I				Committee V	Vorker/Consultant as
META				1 -	n Section P: ck # <u>118</u>	_ () Del	bit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
1 Hacker Way		Melno Park			-	CA	94025
Purpose of Expenditure (by code) A-WEB	Description		Event#			3,224.	Amount
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditure) O Inde	ependent O	0 0) ()		
Last Name of Worker/Cor Fame Media Strat		First			MI	Date of F Person of 09/10	
Name of Vendor, Person of Google	or Entity Paid by Committee Worker/Consultant	,		reported is	Description Per Section Per Se	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		<u>. I,</u>		State	Zip Code
1600 Ampitheate	r Parkway	Mountain View				CA	94043
Purpose of Expenditure (by code)	Description		Event#				Amount
A-WEB						352.95	5
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditure) Q Inde	ependent O	О С) C o D		
		SUBTOTAL Section T	`— This Pa	ge 3,72	22.61		
		TOTAL of additional Se	ection T Pag	es			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS AND CON	SULTAN'	TS 3,72	22.61		
				3.9			