SEEC FORM 20

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

TOWN & CITY DLEAM WANTEDOW

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B.	Ortiz		
A Sec. A Construction of the Construction of t	, <u> </u>		
į.	•	State	. Zip Code
		UI	06032
SOUGHT (Complete o	nly if Cundidate Committee)		6. DISTRICT NUMI
cil			(if applicable)
Exploratory Committee)			
MI	Last		Suffix
D.	Rosado		
preceding primary	7th day preceding referendum	Initial Con	ntribution or Disbursem
s following primary	O 45 days following referendum	OAmendme	•
preceding election	O Deficit	Type of Re	
ny preceding election	O Termination	O Termination	
s following election d in November			
ng Date	Ending Date		
23	thru September 30, 2023		
	preceding primary following election tral Committees Only) following election I in November false statement, the	preceding primary following primary preceding election to November Deficit Termination Termination Ending Date Ending Date Ending Date Ending Date September 30, 2023	Farmington SOUGHT (Complete only if Candidate Committee) Cit Sploratory Committee) MI D. Last Rosado Preceding primary

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.

Page 1 of 17

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

SUMMARY PAGE TOTALS

ENIME OF COLUMN AS A STATE OF THE STATE OF T	TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Maly4Hartford	October 10th Filing	<u>an managaga palan</u> ah katamatan da katawa ka
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	13212.00	
13. Contributions Received from Individuals (Sections A and B)	825	14,037
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	825	14,037
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	14,037	14,037
19. Expenses Paid by Committee (Section P)	4998.22	4,998.22
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	9,038.78	9,038.78
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section LS)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REPORT		
Maly4Hartford	October 10th Filing				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	_{\$} 25				
Last Name	zed Contribu	itions from Indivi	duals		Тмі
Lebron	Ni				
Residential Street Address 192 Laurel St	City Hartfo	ord		State CT	Zip Code 06105
Principal Occupation Director		Name of Employer Catholic charity			
	ess he/she is associ	lidate for a chief executive atcd with have a contract OYes ONo		y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a prin If yes, indicate with an event reported in Section L1?		tractor or prospective state	e contractor? Yes OLegislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order	Date Received July 7, 2023	Aggregate Contributions		
Last Name Shlien	First Pa				МІ
Residential Street Address 111 Hiuyshope	City Hartfo	ord		State CT	Zip Code 06106
Principal Occupation Retired		Name of Employer Retired		.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in exces does contributor or busing valued at more than \$5,00	ess he/she is associ			Amo	ount of Contribution
event reported in Section L1? No If yes, indicate	ncipal of a state con which branch or b the contract is with		c contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	1	Date Received July 15, 2023	Aggregate Contributions 25		
Last Name Arroyo	First	any		•	MI
Residential Street Address 126 Westerly Terrace	City Hartfo	ord		State CT	Zip Code 06105
Principal Occupation COO	, , , , , , , , , , , , , , , , , , ,	Name of Employer Charter Oak Healt	h Center	<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess valued at more than \$5,00	ess he/she is associ			Amo 250	unt of Contribution
event reported in Section L1?	cipal of a state cont which branch or br the contract is with:		Contractor? Yes No		
Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction (Date Received	Aggregate Contributions 250		
	SUBTOTAL	Section B — This	Page 375		
	TOTAL of add	litional Section B P	ages 450	<u></u>	
TOTAL OF ALL CONTRIBUTION (Enter total		/IDUALS (Sections A nn A of Summary Page T			

Section B ADDITIONAL PAGE 1 of 1

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Λ	T.	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Repository)		TYPE OF REPORT			
Maly4Hartford			october 10th Filing			
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)		this Period ONLY STOTAL SECTION A	\$			
B. Iter	mized Contr	ibutions from Indivi	duals			
Last Name		First		•	MI	
kenney		Thomas				
Residential Street Address	City			State	Zip Code	
967 Asylum Ave	Ha	rtford		СТ	06105	
Principal Occupation	_	Name of Employer				
owner		Pivotal Minerap Lav	vatory LLC			
	isiness he/she is as	candidate for a chief executive sociated with have a contract OYes ONo		y, Amo	unt of Contribution	
event reported in Section L1? No If yes, indicate	orincipal of a state te which branch of ant the contract is v		e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Ord	er July 29, 2023	100			
Last Name		First			MI	
Valinho		Carlos				
Residential Street Address	City			State	Zip Code	
77 Buckignham Street	Ha	rtford		СТ	06106	
Principal Occupation		Name of Employer	······		<u> </u>	
Investment Management		Park Broad Investm	ents			
	siness he/she is as:	candidate for a chief executive sociated with have a contract of Yes No		/, Amou	Amount of Contribution	
event reported in Section L1?	orincipal of a state ate which branch o ent the contract is		e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Orde	er September 6, 202	250			
Last Name		First			Mi	
Dawkins		Ceny				
Residential Street Address	City			State	Zip Code	
51 Willard Street	Hai	rtford		СТ	06105	
Principal Occupation		Name of Employer				
Retired		Retired				
	siness he/she is as:	candidate for a chief executive sociated with have a contract of Yes No		7, Amou	ant of Contribution	
event reported in Section L1?	rincipal of a state of te which branch of the contract is w		No			
Method of Contribution:			Aggregate Contributions	7		
Cash OPersonal Check OCredit/Debit Card OPayroll Deductio	on OMoney Orde	er July 12, 2023	100			
	SUBTOT	AL Section B — This	Page 450	**! · · · · · · · · · · · · · · · · · ·		
	TOTAL of	additional Section B P	ages 375			
TOTAL OF ALL CONTRIBUTIO (Enter to		DIVIDUALS (Sections A olumn A of Summary Page T				
The state of the s		A STATE OF THE STA				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MMITTEE (Provide Comp	olete Name as Registered	with Filing Repos	itory)		TYPE OF REPORT					
		Ci	Contributio	ons from Ot	her Con	nmittees					
Name of Committee		<u> </u>			Name of T	ay names as a same gapere was expected by the processor of the same					
·											
Address				Is this contril	d in Section	iated with an Oyes ONo 1.11? s, list Event #	Amount of Contribut				
City	State Zip Code Date Received Aggregate Contributions										
Name of Committee					Name of Tr	reasurer					
Address				Is this contrib event reporte	d in Section	iated with an Yes No L1? s, list Event #	Amount	f Contribution			
City		State	Zip Code	Date Recei		Aggregate Contributions					
Name of Committee					Name of Tr	easurer	<u> </u>				
Address				Is this contrib	d in Section	iated with an Yes No L1? s, list Event #	Amount	f Contribution			
City	State Zip Code			Date Received Aggregate Contributions							
	C	Dolmbursomer	te av Suvni	ne Dietvika	tions fro	om other Committees					
Name of Committee	C2,	Kemibursenien	us or Surpi	us Distribu	Name of Tr						
Address				City	<u>.</u>		State	Zip Code			
Date Received	Expenditure #	Payment Type					Amoun	t of Receipt			
	(if applicable)	OReimbursen	nent for shared e	xpense OSu	rplus Distri	bution		•			
Description							_				
							_				
Name of Committee				-	Name of Tro	easuror					
Address				City			State	Zip Code			
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ement for shared	l expense O	Surplus Dist	ribution	Amoun	of Receipt			
Description .							_				
			SUBTO	TAL Section	C—Th	is Page		<u></u>			
			TOTAL	of additional	Section (C Pages	,				
	e valor, filozofo a libilita estreto il evil e a el libilitato de la libilitati villatoro, il e e e pue	F ALL COMMIT				mmining a spining in the action of the last term of the l					
	<u> </u>										

I. MONETARY RECEIPTS (Sections A-K)

Registered with Filing Repo	Part Barrier	CONTRACTOR STATE OF THE STATE O	Programmed Company States 1 - A 1010 March 1980 at	terresconding to the transfer of the	· 大大、李龙、李龙、李龙、大学、大学、大学、李龙、李龙、大学、大学、大学、大学、大学、大学、大学、大学、大学、大学、大学、大学、大学、
egisterea wan ruing Kepe	isitory)		TYPE OI	F REPORT	
D I оаг	a Dacai	is ad this Dario	1		
D. LUan	IS INCLE				T Data af Bassint
•			andidate 🔘 Individu		Date of Receipt
City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
			1	<u> </u>	Amount Received
City			State	Zin Code	
]	
<u> </u>		Source of Loan: Bank Ca	undidate () Individu:	al Other	Date of Receipt
City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
<u>l</u>			<u> </u>		Amount Received
City			State	Zip Code	
			-	Committee	Date of Receipt
City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
I				1	Amount Received
City			State	Zip Code	
1		TOTAL SECT	TION D		1.102.44
other than Indi	viduals	or Other Com	imittees (Referei	adum Committe	es ONLY)
· 					
			Date Received		Amount Received
	State	Zip Code	Aggregate Contril	butions	ı
	<u> </u>				
<u>,</u>			Date Received		Amount Received
	State	Zip Code	Aggregate Contrit	outions	
			Date Received		Amount Received
	State	Zip Code	Aggregate Contrib		
	City City City City	City City City City State	City City Source of Loan:	City City State City Date Received City	City

I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17

NAME OF COMMITTI	EE (Provide Complete Name as Registe	red with Filing Repository	,		TYPE OF	FREPORT
	F. Amount Transferred	from Affiliated	Busines	s Treasury (Busir	ess Entity (Committees ONLY)
Date of Receipt	Is this transaction associate event reported in Section		es If yes,	, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section		es If yes,	r, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section		es If yes,	s, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section	- · · ·	s If yes,	, list Event #		Amount
	1			TOTAL SECTION	N.F.	
455-456-4						
	Carried Prince A Politics	(Alt about thion	Oth	Openization	CET O O DING NO	OMEN
G. Amount 1 Date of Receipt	A STATE OF A CONTRACTOR OF A CONTRACTOR OF THE CONTRACTOR OF A CONTRACTOR OF THE CON	ted Labor Union Date of Receipt	or Om	er Organization	Date of Rece	y (Organization Committees ONLY)
	Amount		Amount			Amount
			T(OTAL SECTION (G	
Philip Come His Array (1999)			SEE SEE CONTRACTOR	<u> </u>	SECTION 1	
Date of Receipt	H. Personal Funds of t	he Candidate R	eceived	this Period (Can	didate Com	<i>umittees ONLY)</i> Amount
Jaic of Recoipt	Cash	Personal (Chaple	Credit/Debit C	74	атупа
Date of Receipt	Method of payment:	- FUSURAL	леск	CIMIEDAN	ara	Amount
	Cash	Personal (Check	Credit/Debit C	Card	
Date of Receipt	Method of payment:					Amount
	Cash	Personal C	Check	Credit/Debit C	Card	
Date of Receipt	Method of payment:					Amount
	O Cash	O Personal C	Check	Credit/Debit C	Card	
				TOTAL SECTIO)N H	
of the SO State Asserting as a second second	and the Application and th	24th them to survey and a second	All of the second	and the second s	Service and a service of	
		I. Anonymo	ous Con	tributions		
	5 5 11 A 11 40	·	. •1 .•	· 1	1 1	*4 1 *

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

Brobed January 2015	I. WIONE LARY RECEIPTS (S	sections A-	<u>-ĸ</u>)	1 "gc , 0(1 /
NAME OF COMMITTEE (Provide Complete	e Name as Registered with Filing Repository)	T	YPE (OF REPORT	
Name of Institution	J. Interest from Deposits in Authorize	ne experience desergies former experience for pro-	Date Re	ceived	Amount
Maine of Manumon					Z RIAN MALT
Street Address	City	Stat	е	Zip Code	
Name of Institution		D	ate Ro	ceived	Amount
Street Address	City	State	 e	Zip Code	
	ТОТАІ	SECTION	J		
K A	Aiscellaneous Monetary Receipts not Consi	idered Cont	ribi	itions	
Name	Instellations monetary accepts ave -	Merea Con.	*********	ate of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Da	ate of Transaction	Amount Received
Street Address	City		State	Zip Code	
~					
Description					
Name			Da	nte of Transaction	Amount Received
Street Address	City		State	Zip Code	
Street Address	Cuy		June	i Zip Codo	
Description					\dashv
Name			De	ite of Transaction	Amount Received
					Amount Received
Street Address	City		State	Zip Code	
Description				<u> </u>	\dashv
	TOTAL SEC	TIONK			
SUMMA	RY OF OTHER MONETARY RECEIPT:	S (Sections	D th	rough K)	
Total Loans Received this Period (Sec			TO SECURE		
	an Individuals or Other Committees (Section E)	***************************************	+		
Total Amount Transferred from Affil			+		
	iated Labor Union or Other Organization Treasury		+		
	ne Candidate Received this Period (Section H)		+		
Total Amount of Interest from Deposi			+		
Total Miscellaneous Monetary Receip	ots not Considered Contributions (Section K)	La la Companya de la	+		
(Add	Total of Other M Sections D through K) (Enter total on Line 15, Column A				

	III E VEITE AND I	1111 (Sections 131	шо)		
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	and the second s	nt Information			
Event #	Description L1. EVER	u anivimativii seessi sees			ndraising event?
Date of Event Letter					
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a	•	OYcs (If yes, go to Section Lands Associated with a Houpurchases made by host	se Party and complete	e required info	rmation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required in No		ot Considered	Contributions
	sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	eipts here.)		
with purchases from an in		O No		\$	
			Purchases of Adverti		Program Book
	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fu	ndraising event?
Location: Street Address		City	<u> </u>	State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 Associated with a Hou purchases made by host No	se Party and complete	required infor	Contributions mation for any
	e goods or services donated by a business entity lated by an individual of up to \$100?	Yes (If yes, go to Section Le and complete required i		ot Considered	Contributions
Was this fundraiser a tag s with purchases from an in-	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Reco	cipts here.)	\$	
	ttees, Municipal Candidates and Political Comm dvertising space in a program book or on a undraiser?	nittees other than Exploratory (O Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advertis		Program Book
Subpart 3: (Town Comm. Did your committee sell fo gathering held within the s	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	ipts here.)	\$	
SUBTOTAL Section	LI-Subpart I (All Committees) Total Receipts fro	om Sale of Donated Items — T	This Page		
		ion L1—Subpart 3 <i>(Town Committ</i> ipts from Food Purchases — T		-	
		TOTAL of additional Section	Li Pages		
		IPTS FROM SMALL PUR Line 16a, Column A of Summary			

		8, effective January 1, om a committee tag sa						
NAME OF COMMI	TTEE (Provide Complete Nan	ne as Registered with Filing Repositor	<u>ም</u>)	ТҮРЕ	OF REPO	RT		
Name of Purchaser	L3. P	urchases of Advertisin	g in a Prog	ram Book or on a S	ign		se Made By:	
							isiness Entity dividual/Sole F	Other
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases (or All Events	Amount of Program A	Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser						Purchas	se Made By:	<u></u>
						_	isiness Entity	Other
						Olno	fividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases f	or All Events	Amount of Program A	Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser		<u> </u>				Purchas	se Made By:	
						Ξ	siness Entity dividual/Sole P	Other roprietorship
Street Address			City			-	State	Zip Code
Date Received	Event #	Aggregate Purchases for	or All Events	Amount of Program A	Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser						Purchas	se Made By:	
							siness Entity	Other
						OInd	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases fo	or All Events	Amount of Program A	d Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser					ĺ	Purchas	e Made By:	
or archaect						OBu	siness Entity lividual/Sole Pi	Other coprictorship
Street Address			City		<u>'</u>		State	Zip Code
Date Received	Event #	Aggregate Purchases fo	or All Events	Amount of Program A	d Purcha	se	Amount of Sig	n Purchase
	SUBTOTAL Sec	tion L3 Total Purchases of A	dvertising in	Program Book — This	Page			
	SUBTO	FAL Section L3 Total Purch	ases of Adver	tising on a Sign — This	Page			
			TOTAL of	additional Section L3 P	ages			
TO	OTAL OF ALL PURCI	HASES OF ADVERTISING (Enter total on L		RAM BOOK or ON A S n A of Summary Page To			, —	

NAME OF COMMITT	EE (Provide Complete Name	as Registered with Filing Repos	itory)	TYPE OF REF	PORT		
			.				
Name of Donor		4. 1n-Kind Donano)	is Not Cons	sidered Contributions			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation
OBusiness Entity						Market va	THE OF DOBASSON
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair ?	Vlarket Vo	lue of Donation
Business Entity	-				1 1111	, , , , , , , , , , , , , , , , , , ,	
Ondividual Osole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation		, I		Fair l	Vlarket Va	lue of Donation
Olndividual Osole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation						lue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
		SU	BTOTAL Sect	tion L4 — This Page	<u> </u>		
		TOT	'AL of additio	nal Section L4 Pages			u
TOT	FAL OF ALL IN-KINI	DONATIONS NOT C (Enter total on Line 21,					
							<u></u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
	L5. In-Kind Donations Not Consid	lered Contributions Asso	ciated with a	House Par	ty			
Name of Host			committee?	supporting n OYes ON omplete Itemiz	lo	one candidate o		
Street Address		City	·		State	Zip Code		
Description of Donation				Fair Ma	rket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—I	his host/candidate	_				
Name of Host			committee?	supporting m OYes ON omplete Itemiz	lo .	ne candidate c		
Street Address		City	1 27 /		State	Zip Code		
Description of Donation				Fair Ma	l rket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—ti	his host/candidate					
Name of Host				supporting m OYes ON omplete Itemiz		ne candidate o		
Street Address	11444	City	<u> </u>		State	Zip Code		
Description of Donation		1		Fair Ma	rket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	his host/candidate	-				
Name of Host			committee?	supporting m OYes ON omplete Itemiz	o	ne candidate o		
Street Address		City	<u> </u>		State	Zip Code		
Description of Donation		1		Fair Mai	ket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate					
		SUBTOTAL Section L5	— This Page					
		TOTAL of additional Secti	on L5 Pages			<u>.</u>		
	TAL OF ALL IN-KIND DONATIONS NO VITH A HOUSE PARTY (Enter total on	OT CONSIDERED CONT Line 22, Column A of Summa						

III. NONMONETARY RECEIPTS (Sections M—O)

Revised January 2015	11. 11011	MIC	HEIAKI K		err 19 (secue	119 141.	— <i>U)</i>		
NAME OF COMMITTEE (Provide Complete	e Name as Regis.	tered with	Filing Repository)			TYPE	OF REPORT		
			M. In-Kind C	ontr	ributions				
Name	A	1.57777		* **** * *******					
Street Address				C	îty		***************************************	State	Zip Code
					•				
Type of contributor: OCommittee	Date Received	I	Aggregate Contribution	s	Description of In-Kind	Contribut	ion		
Olndividual / Sole Proprietorship Oother	TE as a tail and	ion is in	excess of \$400 to a car	ndidat	e for a chief executive of	fficer of	a municipality		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		butor or	business he/she is asso		with have a contract w Yes ONo				Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes Is	If yes,	ntor a principal of a state indicate which branch the contract is	or br	tractor or prospective st ranches Executive		No		
Name									
Street Address				Ci	ty			State	Zip Code
	·····								
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Received		Aggregate Contributions	•	Description of In-Kind	Contributi	on		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		ibutor or	business he/she is asso		te for a chief executive d with have a contract w				Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	'	contribut		or or	ractor or prospective sta	_	ŎNo		
Name									
Street Address				Cit	ty			State	Zip Code
Type of contributor: Committee Olndividual / Sole Proprietorship Other	Date Received		Aggregate Contributions		Description of In-Kind (Contributi	on		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		ibutor or	business he/she is asso		te for a chief executive of with have a contract w				Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes Is	contribut If yes, i		or bra	ractor or prospective sta	_	ONo		
				ARES AFE	ction M — This Pag		1		
			TOTAL of a	dditio	onal Section M Page	S			<u></u>
TOTAL OF ALL IN-KIND CON	TRIBUTIO	ONS (E	nter total on Line 23, C	olumn	A of Summary Page To	als)			
	N. F	Refund	lable Deposit to	Tele	ephone Compan	y			
Last Name of Individual			First				MI	Date Deposi	Made
Residential Street Address	· · · · · · · · · · · · · · · · · · ·		Cîty			State	Zip Code		Amount of Deposit
Name of Telephone Company									
Street Address			City			State	Zip Code	-	
TOTAL SE	CTION N	(Enter to	otal on Line 24, Colum	nn A o	of Summary Page Total	s)]			

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMIT Maly4Hartford	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT October 10th Fili	ng			
	P. Expenses	Paid by Committee					
Name of Payee Identidad Latina	Hispanic Newspaper	**************************************	Date of Payment 9/16/2023	Method of Ohec	k# t Card O EFT		
Street Address 170 Milton St		City West Hartford		State CT	Zip Code 06119		
Purpose of Expenditure (by code) A-DM	Description Advertising		Event #	700	Amount		
Expenditure # (if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Independent Organization OA OBOCOD						
Name of Payce Ramiro Marin			Date of Payment 08/21/2023	Method of Check Debit	k #90 Card O EFT		
Street Address 63 Boardman Te	err	City Wethersfield	•	State CT	Zip Code 06109		
Purpose of Expenditure (by code) WAGE	Description Canvassing		Event #	500	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 Democratic Towl	n Committee		Date of Payment 8/21/2023	Method of Payment: O Check #91 O Debit Card DEFT			
Street Address B23 Wethersfied	Ave	City Hartford	•	State CT	Zip Code 06114		
Purpose of Expenditure (by code) CNSLT	Description] 1	Event #	1500	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 control						
Name of Payee The Latino Way			Date of Payment 07/20/2023	Method of I Check Debit	c # <mark>89</mark>		
Street Address 1965 Main Stree	et .	City East Hartford		State CT	Zip Code 06108		
Purpose of Expenditure (by code) CNSLT	Description	1	Event #	2000	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					
	S	UBTOTAL Section P — '		·			
		TAL of additional Section					
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COMI 19, Column A of Summary F					

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Section P. ADDITIONAL PAGE 1____ of 1___

NAME OF COMMIT	TYPE OF REPORT						
Maly4Hartford				October 10th Filin	ng		
	P. Expenses	Paid by Committ	tee				
Name of Payee Coyote Flaco				Date of Payment 07/19/2023	Method of Check Debit State	c#	
Street Address 635 New Britain	Ave	City Hartford				Zip Code 06106	
Purpose of Expenditure (by code) Food	Description Food		Event	#	Amount 211.85		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control						
Name of Payer American Mexica	an Diner			Date of Payment 09/24/2023	Method of I Check Debit	#	
Street Address		City			State CT	Zip Code	
243 Zion St	43 Zion St Hartford					06106	
Purpose of Expenditure (by code) Food	Description Food	Amount 51.57					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	nmittee)	endent_	AOBOCOD			
Name of Payee		<u> </u>		Date of Payment	Method of I	•	
Liberty Bank Street Address		City		08/31/2023	O Check O Debit		
171 Silas Deans	Hwy	Wethersfield			CT	06109	
Purpose of Expenditure (by code) BNK	Description Paper Statement Charge/ Check	· · · · · · · · · · · · · · · · · · ·	Event	#	34.70	Amount	
Expenditure # (if applicable)							
Name of Payce				Date of Payment	Method of Payment: Check #		
Anedot					O Debit		
Street Address		City			State	Zip Code	
1340 Poydras St	Suite 170	New Orleans			LA	70884	
Purpose of Expenditure (by code) Web	Description Event # Credit Card Processing Fee				34.80	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required up None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)	pendent	ed) Oa Ob Oc Ob			
		UBTOTAL Section P	— This	Page 298.22			

Resised January 2015		IV. EXPENDITURE	S (Sections P—	-T)		Page 14 of 17
NAME OF COMMI	TEE (Provide Complete Name a.	s Registered with Filing Repository)		TYPE OF REPORT	P. Company of the Com	
		Q. Campaign Expenses P	aid by Candidate	3		
Name of Payee (Name of	Vendor, Person or Entity who cand	the production of the second o		Date of Payment	Is rein	bursement claimed?
					0	Yes 🔘 No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	: #		Amount
Name of Payee (Name of	Vendor, Person or Entity who cand	lidate paid directly)		Date of Payment	Is reim	bursement claimed?
					0	Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of	Vendor, Person or Entity who cand	lidate paid directly)		Date of Payment		bursement claimed? Yes No
Street Address		City		1	State	Zip Code
Purpose of Expenditure (by code)	Description		Event	II .		Amount
Name of Payee (Name of	l Vendor, Person or Entity who cand	idate paid directly)		Date of Payment	Is reim	bursement claimed?
					0	Yes O No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of	! Vendor, Person or Entity who candi	idate paid directly)		Date of Payment		bursement claimed? Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of] endor, Person or Entity who caudi	idate paid directly)	1	Date of Payment	Is reimb	oursement claimed? Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	#		Amount
		SUBTOTA	L Section Q — This	Page		
		TOTAL of a	dditional Section Q I	Pages		
	,	TOTAL OF ALL EXPENSES I (Enter total on Line 26, Colun				

IV. EXPENDITURES (Sections P—T)

Expenditure # Type (if applicable)		Type of Credit Card: O Visa O Master City	Card Discover OAmeric		S Oother:
prose of Expenditure by code) Expenditure # Type Copplicable)			Card O Discover OAmeri	Date of T	_
prose of Expenditure y code) Expenditure #		City			Transaction
expose of Expenditure process of Expenditure	cription	City		State	
expose of Expenditure process of Expenditure	cription	City		State	
Expenditure # Type Ty	cription			State	Zip Code
Expenditure # Type Ty	cription		E		
f applicable)			Event #		Amount
lŌ	of Expenditure (Itemization in Addendum R Require	ed unless "None of the below	" is checked)	1	
I U	None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	~	pendent nization: OA OB OC OE	,	
ame of Vendor, Person or Entit	y				ransaction
treet Address		City		State	Zip Code
urpose of Expenditure Description (Description)	cription		Event #		Amount
у аррисаоне)	of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure) 🔘 Indep	" is checked) pendent nization () () B () () E		
ame of Vendor, Person or Entity	y			Date of T	ransaction
treet Address		City		State	Zip Code
rpose of Expenditure Description Descripti	ription		Event #		Amount
8	of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expen	nditure) 🚺 Indep		-	
	S	SUBTOTAL Section R —	This Page		
	To	TAL of additional Section	n R Pages	- 1111	
TOTAL	OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CREI ne 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with	i Filing Repository)	TYPE OF REPO)RT	
	S. Expenses Incurr	ed by Committee but Not Pai	d During this Perio	d	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addense One of the below Coordinated with reimbursement sou Coordinated without reimbursement source of the coordinated with reimbursement source of the coordinated without source of the coordinated with source of the coordinated without source of the coordinated wi	ight (joint expenditure) Orga	ependent anization: OA OB OC	; Op	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure) Orga	ependent anization: A B OC	Оъ	
Name of Creditor				Date Incur	тed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event#		nount Incurred
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sough Coordinated without reimbursement s	ght (joint expenditure) Orga	ependent anization: O B OC	OD	
		SUBTOTAL Section	n S-This Page		
		TOTAL of additional S	ection S Pages		
TOTAL OF ALL F	EXPENSES INCURRED BY COMM (4	ITTEE DURING THIS PERIOD BU Enter total on Line 28, Column A of Sum,			
	Previously	reported Expenses Unpaid and still	Outstanding		
		S INCURRED BY COMMITTEE Builter total on Line 28a, Column A of Sumn			
			A		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repo	sitory)			ТҮ	PE OF R	EPORT		
	T. Itemization of Rei	mbu	rsements	and Secon	dary Pa	yees	n (NA)		
Last Name of Worker/Con	sultant	Fi	rst				MI		Payment to Vendor, or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant						in 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		<u> </u>		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Red None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expendit	ture)	Independent	ndent O	О в	O O		
Last Name of Worker/Con	sultant	Fi	rst				MI	Date of Person o	Payment to Vendor, or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant						in 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		<u> </u>		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Req. None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expendit	ure)	Independent		О () () () () ()		
Last Name of Worker/Con	sultant	Fi	rst				MI	Date of Person o	Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant						in 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		<u> </u>		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Req. None of the below Coordinated with reimbursement sought (joint e. Coordinated without reimbursement sought (in-ke	xpenditu	ıre)	Indepe		О () (O		
			SUBTOTA	L Section T –	– This Pa _l	ge			
		T(OTAL of a	Iditional Sect	ion T Pag	es			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEI	E WO	RKERS	AND CONS	ULTAN	rs			