SEEC FORM 20

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

TOWN & CITY OF ERM

2023 JUL 10 PM 4:51

COVER PAGE

1. NAME OF COMMITTEE						<u> </u>	\$,0		
MALY 4 HARTFORD									<u></u>
2. TREASURER NAME									***************************************
First		МІ		Last					Suffix
Mitzchka		B.		Ortiz					
3. TREASURER ADDRESS				1					
Street Address			City				State	Zip (ode .
Two Mile Rd		:	Farr	mington	ı		СТ	060	32
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only	if Candidat	e Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	City Council							tif opplicabi	ci
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)	,						
First		Mi		Last					Suffix
Maly		D,		Rosado	•				·
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	O7th day preced	ling primar	у	O7th	day preceding referendur	ո Օև	nitial Cont PACs ONLY)	ribution c	or Disbursement
O April 10 filing	O30 days follow	ving primar	. y	O45	days following referendu	m _	Amendmen		:
July 10 filing	O7th day preced	ling electio	n	O De	ficit	T	ype of Rep	ort:	
October 10 filing	Ol2th day prece			OTei	mination	<u>-</u>			
OPrimary OElection	O45 days follow not held in No		n						
9. PERIOD COVERED									
	Beginning Dat	te			Ending Date				
	April 1, 2023			thru	June 30, 2023				
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe TREASURER OR DEPUT TREASURE		rue, accur	rate a	and com	plete.	on this Ite n	nized Can	07/09/	
A person who is	found to have kn				olated any provisions of	of the camp	paign fina	ince stati	utes

faces a civil penalty or imprisonment or both.

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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	
Maly4Hartford	July 10th Filing	
	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	0.00	
13. Contributions Received from Individuals (Sections A and B)	13212	13212
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)	13212	13212
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	13212	13212
19. Expenses Paid by Committee (Section P)	871.54	871.54
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	12340.46	12340,46
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maly4Hartford		July 10th Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	_{\$} 837			
B. Itemized Co.	atributions from Indivi	duals	*************************************		
Last Name	First		MI		
Feliciano	Stephanie				
	City		State Zip Code		
54 Wethersfield	Hartford		CT 06109		
Principal Occupation	Name of Employer				
Clerk	Superior Court				
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 candidate for a chief executiv is associated with have a contract OYes ONo	e officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes Is contributor a principal of a section L1? If yes, indicate which bran of government the contract	_	e contractor? Yes O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/30/2023	50			
Last Name	First		MI		
Maturah	Cheryl				
Residential Street Address	City	1	State Zip Code		
45 Greenfield Drive	Hartford		CT 06096		
Principal Occupation	Name of Employer				
Human Resources	Helix Human Servic	es			
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sign of government the contract of government the government the government of government the contract of government the government of g		e contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	100			
Last Name	First		MI		
Sanchez	James				
	City		State Zip Code		
370 Freeman Street	Hartford		CT 06106		
Principal Occupation	Name of Employer				
Utility System Monitoring Tech	Metropilitan Distric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution 50		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes No Is contributor a principal of a s If yes, indicate which bran of government the contraction.	t is with: O Executive	OLegislative No			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Cedit/Debit Card Payroll Deduction OMoney	Order 6/30/2023	50			
SUBT	OTAL Section B — This	Page 200			
TOTAL	of additional Section B P	ages 13012			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page 1				

Section B ADDITIONAL PAGE 1 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maly4Hartford			July 10th Filing	July 10th Filling			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			_{\$} 837				
B. Itemized Contributions from Individuals							
Last Name	I"	irst				MI	
Valinho		Carlos					
Residential Street Address	City	_		State	1	Code	
75 Avon Mountain Road	Avo			СТ	100	001	
Principal Occupation Park Board Investment		Name of Employer	amam#				
		investment Manag					
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		f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a levent reported in Section L1? Yes Is contributor a principal of a levent reported in Section L1?	nch or	branches _	No				
If yes, list Event # Fundraiser 1 of government the contract	t is wi		OLegislative	_			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			250		<u></u>		
Last Name Calderon	- 1	kaquel				MI	
Residential Street Address	City	Mayuci		Tarri	T2:- /	1.3.	
163 Adelaide Street 2nd	Hart	ford		State	Zip C	-oae 114	
Principal Occupation Name of Employer						· · · · · · · · · · · · · · · · · · ·	
Teacher Hartford Board of Education							
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	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Section L1? No Is contributor a principal of a If yes, indicate which brain of government the contract of government the government the government the government the government the government of government the government of government the government of government the government of government of government the government of governm	nch or	branches	e contractor? Yes	7			
Method of Contribution:		Date Received	Aggregate Contributions	┪			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/22/2023	20				
Last Name	Fi	irst				MI	
Radovieh		Teseda Teseda					
 	City			State	Zip C		
69 Chapin Ave	Rock	kyHill		CT	060	067	
Principal Occupation		Name of Employer					
Tesada Corporation		Tesada corporation					
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		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes No No If yes, indicate which bran of government the contract	ach or	ontractor or prospective state branches	Contractor? OYes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/22/2023	100		·	·	
SUBT	OTA	L Section B — This	Page 370				
TOTAL	of a	dditional Section B P	ages 12842				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 13212							

Section B ADDITIONAL PAGE ² of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maly4Hartford			July 10th Filling				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			_{\$} 837				
B. Itemized Contributions from Individuals							
Last Name		First				МІ	
Teseda]	Randol					
Residential Street Address	City			State	Zip	p Code	
107 Brook Street	Ro	cky Hill		СТ	00	6067	
Principal Occupation		Name of Employer					
Tesedo Corporation		Teseda					
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?					Amount	of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra	ınch o	r branches	_ ⊙ №	8			
If yes, list Event # Fundraiser 1 of government the contra	ict is w	Date Received	CLegislative Aggregate Contributions				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde		100				
Last Name]]	<u> </u>				м	
Teseda		Romny					
Residential Street Address	City		<u>-</u>	State	Zip	Code	
45 Fern Street	i *	ky Hill		СТ	1 -	6067	
Principal Occupation Name of Employer							
Teseda Corporation Teseda Corporation							
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?					mount o	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # fundralser 1 Yes Is contributor a principal of a figure which brace of government the contral of government the contral of the figure which brace is a	anch o	or branches	te contractor? O Legislative	s	00		
Method of Contribution:		Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 6/22/2023	100				
Last Name	Į	First			mat.	MI	
McCluskey		David					
Residential Street Address	City			State	Zip	Code	
251 Westpoint Terrace	Har	rtford		СТ	06	6107	
Principal Occupation		Name of Employer	<u> </u>				
Legislative Liason		State of Connectica	ut				
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?				•	mount o	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor? OYe	8			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Orđe	er 6/22/2023	100				
SUB	TOT	AL Section B — This	Page 300				
TOTA	Lof	additional Section B I	Pages 12912				
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 13212						

Section B ADDITIONAL PAGE 3 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maly4Hartford			July 10th Filling				
A. Total Contributions from Small Contributors-Receivise instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	_{\$} 837				
B. Itemized Co	ntrib	outions from Indivi	duals				
Last Name	1	irst	······································			MI	
Cirlio	В	Bonilla					
Residential Street Address	City State				1 -	Code	
77	Harti	ford		CT	06	106	
Principal Occupation		Name of Employer	•				
CEO		CBR International					
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 is asso	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality with said municipality	y, Amo		f Contribution	
Is this contribution associated with an O Yes Is contributor a principal of a		entractor or prospective state					
event reported in Section L1? No If yes, indicate which bra If yes, list Event # Fundraiser 1 of government the contra		branches th: CExecutive	OLegislative O No				
Method of Contribution:		Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/22/2023	100				
Last Name	Fir	mi	-			МІ	
Feliciano	R	aynaldo					
Residential Street Address	City	-		State	Zip C	Code	
703 HillsIde Ave	Hartf	ford		CT	1 -	114	
Principal Occupation	!	Name of Employer		<u> </u>	<u> </u>		
Owner		ProRent					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a can	I Ididate for a chief executive	officer of a municipalit	y, Amo	unt of	Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract of Yes O No	with said municipality	100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or 1	branches	contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	6/22/2023	100				
Last Name	Fir	rst				М	
Gohesdiener	N	farc arc					
Residential Street Address	City			State	Zip C	ode	
28 Ironwood Road	West	t Hartford	'	CT	061	106	
Principal Occupation		Name of Employer		-			
Real Estate Appraiser/Entrepreneur		Marc Gohesdiener	& Co, Inc				
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	unt of	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes No If yes, indicate which brain of government the contract	nch or t	branches	contractor? OYes OLegislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	/ Order	Date Received 6/22/2023	Aggregate Contributions 25				
SUBT	гота	L Section B — This	Page 225				
тотаі	և of ad	dditional Section B P	ages 12987				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page 1					

Section B ADDITIONAL PAGE 4 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Maly4Hartford		July 10th Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	_{\$} 837					
B. Itemized Co	ntributions from Indivi	duals					
Last Name	First			MI			
Santiago	Hilda						
	City		l -	Code			
86 South Avenue	Meriden		CT 06	451			
Principal Occupation	Name of Employer	_					
Legislator	State of Connecticu	ıt					
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?			Amount o	of Contribution			
event reported in Section L1? No If yes, indicate which bran		_ ① No					
Hyes, list Event # Fundraiser 1 of government the contract Method of Contribution:		OLegislative Aggregate Contributions	4				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		100					
Last Name	First	100		Tier			
Mohammad	Aziz			MI A			
	City		State Zip C	Code			
	Hartford		l -	114			
Principal Occupation	Name of Employer		0, 100				
Supervisor	Food Land						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t			Amount o	f Contribution			
or dependent child of a lobbyist? No does contributor or business he/she i valued at more than \$5,000?	s associated with have a contract v Yes O No	with said municipality	250	250			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Section L1? No Is contributor a principal of a section L1? If yes, indicate which brance of government the contract of government the government the contract of government the government the government the government of government o		⊘ No					
Method of Contribution:		Aggregate Contributions	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/22/2023	250					
Last Name	First			MI			
Rodriguez	Alex						
	City		1	Code			
81 Cromwell Street	Hartford		CT 06	114			
Principal Occupation	Name of Employer						
State Employee	State of Connecticu	it					
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?			Amount of	f Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Yes No Yes No Is contributor a principal of a s If yes, indicate which bran of government the contrac	t is with:	O Legislative					
Mothod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	1	Aggregate Contributions 50					
SUBT	OTAL Section B — This l	Page 400	·				
TOTAL	of additional Section B P	ages 12812					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 13, Column A of Summary Page T						

Section B ADDITIONAL PAGE ⁵ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maly4Hartford			July 10th filing	July 10th filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			_{\$} 837				
B. Itemized Contributions from Individuals							
Last Name	- 1	First				MI	
Ortiz		Noella					
Residential Street Address	City State				! -	Code	
371 Franklin Avenue	Har	tford		CT	06	114	
Principal Occupation		Name of Employer					
Administrative Assistant		City of Hartford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? When the section L1? We see th	nch or	r branches	e contractor? Yes				
If yes, list Event # Fundraiser 1 of government the contract Method of Contribution:	7L JS W.	Date Received	Aggregate Contributions				
Cash Personal Check Ccredit/Debit Card Payroll Deduction Money	Orde		40				
Last Namo	F	'irst				МІ	
Rivera	- (Gladys					
	City			State	Zip (
136 South St	Harl	tford		СТ	06′	114	
Principal Occupation		Name of Employer					
CREC		CREC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Yes No If yes, indicate which brain of government the contral	nch o	r branches	e contractor? Yes	,			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	r 6/22/2023	25				
Last Name		Pirst .				М	
Aktar	:	Selina					
Residential Street Address	City			State	Zip (
5 Liberty Hill	Wet	thersfield		CT	06	109	
Principal Occupation		Name of Employer					
Owner		SELF					
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	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Is contributor a principal of a If yes, indicate which brateful of government the contract	nch or	r branches	e contractor? Yes				
Method of Contribution:	r. 10 W	Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orđe	r 6/22/2023	250				
SUBT	OT	AL Section B — This	Page 315				
TOTAL	of a	additional Section B P	Pages 12897				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 13212							

Section B ADDITIONAL PAGE 6 of 28

	and the Code de Artestanous au serie	Takin Takin Salah Sa	100011011111111111111111111111111111111	were the commence of the comme		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT			
Maly4Hartford			July 10th Filling			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			_{\$} 837			
B. Itemized C	ontribu	itions from Indivi	duals			
Last Name	Firs	•			MI	
Young		nelby			Α	
Residential Street Address	City	الما ما الما		I I	Cip Code	
31 Alexander Road	Bloon			CT C	06002	
Principal Occupation		Name of Employer				
Chair Person		Internal Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	10 to a cand 16 is associ	lidate for a chief executive lated with have a contract OYes ONo	e officer of a municipality with said municipality	y, Amoun	t of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a	a state con	tractor or prospective state	e contractor? QYes	1		
event reported in Section L1? No If yes, indicate which be of government the contract of government the		: OExecutive	OLegislative O No			
Method of Contribution:	1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	6/22/2023	100			
Last Name	First	 !			MI	
Alam	Sa	mantha				
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State Zi	ip Code	
5 Liberty Hill	Wethe	ersfield		CT C	06109	
Principal Occupation		Name of Employer				
Durham Food		Durham Food				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				Amount	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes Is contributor a principal of a lifyes, indicate which brown of government the contributor aprincipal of a lifyes, list Event # Fundraiser 1	ranch or b	ranches	e contractor? Yes No Legislative			
Method of Contribution:			Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/22/2023	250			
Last Name	Firs	t			MI	
Ahmed	Sa	ud				
Residential Street Address	City			State Zi	ip Code	
2265 Albany Avenue	West	Hartford		CT C	06117	
Principal Occupation		Name of Employer				
Worker		Sams Food Store				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				Amount	t 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 liftyes, indicate which be of government the contributor.	anch or br	ranches	C Legislative			
Method of Contribution:	ı	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	6/15/2023	250			
SUB	TOTAI	L Section B — This	Page 600			
тота	L of ad	ditional Section B P	ages 12612			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		VIDUALS (Sections A mn A of Summary Page 1				

Section B ADDITIONAL PAGE ⁷ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maly4Hartford			July 10th Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	_{\$} 837			•		
B. Itemized Co	ntribu	itions from Indivi	duals					
Last Name	Firs						MI	
Digvijah	Ba	nnsal					<u></u>	
Residential Street Address	City				State	1 -	Code	
306 Mooneland Road	Berlin				CT	06	037	
Principal Occupation		Name of Employer						
Self Employed		NMD LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo 250	unt o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second of government the contract of government the government the government of	nch or b	ranches	contractor? Clegislative	O Yes No				
Method of Contribution:		Date Received	Aggregate Contri	butions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/15/2023	250					
Last Namo	Firs					_	МІ	
Akhter	All	ł						
Residential Street Address	City	····			State	Zip (Code	
27 Ravenwood Road	West I	Hartford			CT	061	107	
Principal Occupation		Name of Employer				<u> </u>		
self Employed		Self Employed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo	Amount of Contribution 250		
Is this contribution associated with an event reported in Section L1? If yes, list Event # of government the contraction of government the government of government the government of govern	nch or b	ranches	e contractor? C Legislative	8Yes No				
Method of Contribution:		Date Received	Aggregate Contrib	outions	1			
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Last Name	First				ــــــــــــــــــــــــــــــــــــــ	74.0	МІ	
Francols	Ric	cardo						
Residential Street Address	City				State	Zip (Code	
25 Brown Street	Bloom	nfleld			CT	061	002	
Principal Occupation		Name of Employer			-	<u> </u>		
President		SakPase Connectic	ut					
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?					Amo	unt of	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes Is contributor a principal of a section L1? If yes, list Event # Fundraiser 1	nch or b	ranches	contractor?	OYes No				
Method of Contribution:		Date Received	Aggregate Contril	butions	┨			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/22/2023	250					
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TOTAL	L of ad	ditional Section B P	ages 12462	2				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A mn A of Summary Page !		2	··· <u> </u>	-		

Section B ADDITIONAL PAGE ⁸ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE	OF REPORT			
Maly4Hartford			July	10th Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$83	37			
	ntrib	outions from Indivi	duals				
Last Name	- 1	irst					MI
Alam	<u>. L</u>	Nurul					
Residential Street Address	City	•B1.J			State	1 -	Code
5 Liberty Hill	weu	hersfield			СТ	U6	109
Principal Occupation		Name of Employer					
Owner		SELF					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lif contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ociated with have a contract Yes No	e office with sa	r of a municipality ld municipality	/, Am		f Contribution
Is this contribution associated with an event reported in Section L1? No If yes, indicate which branches the section L1?	nch or l	ontractor or prospective state branches		No	7		
If yes, list Byent # of government the contract Method of Contribution:	21 18 WIL	th: OExecutive		gisiative ate Contributions	4		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		250	ate Communions			
Last Name	1	irst					MI
Winch	R	ภด		··-			
	City				State	Zip (
359 Sigourney Street	Hartf				CT	06	112
Principal Occupation		Name of Employer					
Arts & Crafts		SELF					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract O Yes O No	officer with sai	of a municipality d municipality	, A mo	unt of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes Is contributor a principal of a surface of government the contract of government the government of government the government the government of government of government the government of go	nch or l	branches	_	⊙ No			
Method of Contribution:		, 		te Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/22/2023	50				
Last Name	Fir	rst			1		MI
Serrano	C	Carlos					
Residential Street Address	City	,			State	Zip C	Zode
659 Broadview Terrace	Hartf	ford			CT	06	106
Principal Occupation		Name of Employer					
Owner		Franklyn Ave Hairsa	alon				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					, Amo	unt of	f Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Byent # Fundralser 1 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: Description Executive Obligiblative							
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	Date Received 6/22/2023	Aggrega 20	to Contributions			
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TOTAL	of ac	dditional Section B P	ages	12892			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	1 IND 13, Coli	IVIDUALS (Sections A lumn A of Summary Page 1	+ B) Fotals)	13212			

Section B ADDITIONAL PAGE 9 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Maly4Hartford		July 10th Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	_{\$} 837					
B. Itemized Co	ntributions from Indivi	duals	· · · · · · · · · · · · · · · · · · ·				
Last Name	First			МІ			
Luna	Victor			M			
Residential Street Address	City		State	Zip Code			
17 Chapin Place	Hartford	-	СТ	06114			
Principal Occupation	Name of Employer						
Entertainment Events	Luna Entertainmer	nt Production LLc					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/, Amou	nt of Contribution			
Is this contribution associated with an event reported in Section L1? We have a section L1? We have a section I is contributor a principal of a lifyes, indicate which bra of government the contraction of government the contraction.		e contractor? Yes OLegislative					
Method of Contribution:	Date Received	Aggregate Contributions	-				
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		50					
Last Name	First			MI			
Rodriguez	Elizaibet						
	City		State	Zip Code			
118 Henry Street	Hartford		CT	06114			
Principal Occupation Name of Employer							
Self Employed Self Employed							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amou	nt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Section L1? No of government the contralser 1		e contractor? Yes No					
Method of Contribution:	Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/22/2023	100					
Last Name	First			M			
Feliciano	Ricardo			R			
Residential Street Address	City		State	Zip Code			
31 McKinley	Hartford		CT	06114			
Principal Occupation	Name of Employer						
Self Employed	Self Employed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?			Amou	nt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Yes No If yes, indicate which brain of government the contraction of government the contraction.		e contractor? Yes No Legislative					
Method of Contribution:	Date Received	Aggregate Contributions	1				
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/22/2023	100					
SUB	TOTAL Section B — This	Page 250	<u> </u>				
тота	L of additional Section B I	ages 12962					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page						

Section B ADDITIONAL PAGE 10

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	(ערוס			TYPE OF REPORT				
Maly4Hartford				July 10th filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$83	37			
					<u> </u>	1, -,,	-	
	Contr	_	tions from Indivi	duals				
Last Name Castrucci		Firs	t ominick					MI
Residential Street Address	City	⊥	JIHHIICK			State	717	Code
3 River park Drive			weil			CT	1 -	416
Principal Occupation	ł		Name of Employer			L		
Owner			Metro AutoBody 8	Towi	ng Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of 3 does contributor or business he valued at more than \$5,000?						y, Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the co	ı branch	or br	anches	_	⊙ No		•	
Method of Contribution:	JII UUU 13		Date Received		ate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Ord	der	6/29/2023	100				
Last Name		First		L				МІ
Castrucci		All	cla					
Residential Street Address	City					State	1 -	Code
3 River Park Drive	Cr	om/				CT	06	416
Principal Occupation Owner			Name of Employer Metro AutoBody &	Towl	ng Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?						, Am		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which of government the co	h branch	or b	ranches		⊙ No			
Method of Contribution:			Date Received		te Contributions	1		
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Lest Name		First			-"			MI
Skothica			arek					
Residential Street Address 37 South Street	City Ha	artfo	nrd			State CT	1 -	Code 114
Principal Occupation	110		Name of Employer		<u> </u>	<u> </u>		117
Self Employed		-	Self Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?						/, Am	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes Is contributor a principal of fives, indicate which of government the co	ı branch	or br	tractor or prospective stat	_	⊙ No	7		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OM	Ioney Ord		Date Received 6/22/2023	Aggrege 40	to Contributions			
SI	UBTO	TAI	Section B — This	Page	240			
TO	TAL of	f ad	ditional Section B F	ages	12972			
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on I			VIDUALS (Sections A mn A of Summary Page		13212			

Section B ADDITIONAL PAGE 11 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maly4Hartford			July 10th	Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	_{\$} 837				
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	1	rst					MI
Edwards		/lelba					<u> </u>
Residential Street Address	City	·			State	Zip (
206 Collins Street	Hartf				СТ	06	105
Principal Occupation		Name of Employer					
Retired		Retired			···•		·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No location is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of C		Contribution
Is this contribution associated with an event reported in Section L1? No If yes, indicate which braining the section L1?	nch or t	oranches	_	PYes No			
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Last Namo	Fin				<u> </u>	-	мі
Figueroa	1	arlos					
<u> </u>	City				State	Zip C	Code
111 Pearl Sreet	Hartf	ord			CT	061	
Principal Occupation		Name of Employer		<u></u>		L	
Worker		Rolling Dish LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amoi	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Section L1? Yes Is contributor a principal of a If yes, indicate which brain of government the contract	nch or t	branches	_	OYes No			
Method of Contribution:		Date Received	Aggregate Cont		1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/22/2023	100				
Last Name	Fir	st	· · · · · · · · · · · · · · · · · · ·		- L		МІ
Tonveor	A	rsalam					
	City				State	Zip C	
103 Concord Circle	Weth	nersfield			CT	061	109
Principal Occupation		Name of Employer					
Worker		Woodlawn LLc					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No los 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 # Yes No If yes, indicate which bran of government the contract	nch or b	ranches _	contractor?	OYes ONo			
Method of Contribution:		Date Received	Aggregate Cont	ributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/23/2023	250		<u> </u>		
SUBT	ATO	L Section B — This	Page 400				
TOTAL	of ac	Iditional Section B P	ages 128	12			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 13212							

Section B ADDITIONAL PAGE 12 of 28

does contribution associated with an event reported in Section 11? Section Payroll Deduction Payrol	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
B. Itemized Contributions from Individuals B. Itemized Contributions from Individuals					July 10th Filing	g				
Earl Name	1				_{\$} 837					
Earl Name										
Flores Milagros State Address City Manchester City		B. Itemized Co			duals					
Redicterial Seet Address 39 Harfan Street City Manchester State Contribution Supermarket			1						MI	
Manchester Manchester Manchester CT 00042				Milagros						
Principal Geospation Solf Employed Is contributor a lobbyta, spouse, or dependent child of a lobbyta? The lot of the contributor or business bridge is associated with the way as contract with said municipality with the contributor or business bridge is associated	*		1 -					ľ		
Self Employed Le contributor a lobbysis, spouse, or dependent calls of a lobbysis? No le contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? No le contribution associated with an event reported in Section L1? Let Nume Lantigua Place No le contributor of Debysis, spouse, or dependent calls seed of solve the contractor of prospective state countactor? No let Reserved Aggragate Contributions Solf Employed El Morro Supermarket Legislative Millton		WANTA L	Man				CT	06	042	
Is constributor a lobbylat, spouse, or dependent child of a lobbylat? No	-			i " '						
does contribution associated with an event reported in Section 117 by s. file Event # 1 by s.	, -			El Morro Supermar	ket					
Event troported in Section L17 17 / 18 18 18 18 18 18 18 18		does contributor or business he/she	to a car is asso	ciated with have a contract	e officer of a munici with said municipal	pality, ity		unt o	f Contribution	
Method of Contributions Cash OPersonal Check Credit/Debit Card Payroll Deduction Money Order City	event reported in Section L1?	No If yes, indicate which brai	nch or	branches	_					
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order O6/25/2023 250 Million Milli		or Bo to minor mo contrac	J. 13 W1			ns	-			
Last Name Lantigua Milton Milto		Card OPavroll Deduction OMoney	Order							
Residential Street Address 29 Harlan Street City Manchester City City O6042 Principal Occupation Self Employed If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of ose contributor or business brighe is associated with have a contract with said municipality of ose contributions of povernment the contract is with: Date Received Name of Employer State Sta							<u> </u>		TMT	
29 Harfan Street Manchester CT 06042 Principal Occupation Self Employed Is contribution a lobbyist, spouse, or dependent child of a lobbyist? To dependent child of a lobbyist? No least of the contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution Is contribution associated with an event reported in Section L1? If contribution associated with an event reported in Section L1? If contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution Is contribution associated with an event reported in Section L1? If contribution associated with an event reported in Section L1? If contribution associated with an event reported in Section L1? If contribution associated with an event reported in Section L1? Is contribution associated with an event reported in Section L1? Is contribution associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of sea associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of sea associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of sea associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of sea associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of sea associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of sea associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of sea associated with an event reported in Section L1?			- 1						MI	
Manchester Manchester CT O6042	Residential Street Address		City				State	Zip (Code	
Self Employed El Morro Supermarket	29 Harlan Street		Man	chester		- 1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order City	Principal Occupation	***********************************		Name of Employer		L		L		
or dependent child of a lobbyist? No closes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Some of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Data Received	Self Employed			El Morro Supermari	ket					
Is this contribution associated with an event reported in Section L1? Jyes, list Event #		does contributor or business he/she	to a can is assoc	ciated with have a contract	officer of a munici with said municipali	pality, ty				
Method of Contribution associated with an event reported in Section L1? If yes, list Event # Date Received Aggregate Contributions Amount of Contribution Amount of						Yes	~~~			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/25/2023 250 Last Name Mejlas-Wasy Residential Street Address City Hartford CT 06114 Principal Occupation Worker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? No If yes, list Event # Substitute a lobbyist Card Payroll Deduction Money Order Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						140				
Last Name Mejlas-Wasy Brandon City 175 Freeman Street Worker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality, does contributor or business he/she is associated with have a contract with said municipality alued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B — This Page TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Method of Contribution:				Aggregate Contributio	ns	1			
Residential Street Address City	Ocash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order	6/25/2023	250					
Residential Street Address 175 Freeman Street Worker Name of Employer Hartford Name of Employer Hartford Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Method of Contributions OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order TOTAL of additional Section B Pages 12462			Fi	rst			•		MI	
175 Freeman Street Hartford Name of Employer Hartford Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of Contribution: OCash Personal Check Ocredit/Debit Card Payroll Deduction Money Order TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDIALS (Sections A + B) Name of Employer Hartford Amount of Contribution dended a municipality, does contribute of a municipality, does contribute of a municipality valued at more than \$5,000? Yes No Yes No Substitute on tractor or prospective state contractor? Yes of government the contract is with: Date Received 6/30/23 250 TOTAL of additional Section B Pages 12462	Mejlas-Wasy		В	Brandon					G	
Principal Occupation Worker Hartford Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions OCash Personal Check Occidit/Debit Card OPayroll Deduction OMoney Order TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDIALS (Sections A + B)								Zip (Code	
Worker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? 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, list Event # Is Executive O Legislative Method of Contribution: OCash O Personal Check O Credit/Debit Card O Payroll Deduction O Money Order TOTAL of additional Section B Pages 12462			Harti	ford		ŀ	СТ	06	114	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order Substotal Section B—This Page TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBITIONS FROM INDIVIDUALS (Sections A + B)				1 7						
or dependent child of a lobbyist?	Worker			Hartford						
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, list Event # Date Received OLegislative Method of Contribution:	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she		ciated with have a contract				ınt ol	f Contribution	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B — This Page TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1?	No If yes, indicate which brar	nch or l	branches	_ @					
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TOTAL of additional Section B Pages 12462 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/30/23	250					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + R)		SUBT	COTA	L Section B — This	Page 750					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		TOTAL of additional Section B Pages 12462								
(Enter total on Line 13, Column A of Summary Page Totals) 13212	TOTAL OF A					-				

Section B ADDITIONAL PAGE 13 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maly4Hartford			July 10th filling				
A. Total Contributions from Small Contributors-Recei- (See instructions for definition of Small Contributor)	ved this Period SUBTOTAL SEC		_{\$} 837				
B. Itemized Co	ntributions fr	om Indivi	duals				
Last Name	First		······································		М		
Vicente	Yesenia				L		
Residential Street Address	City Bristol			State CT	Zip Code 06010		
Principal Occupation Emergency Technician	Name of Em Connect	• •	en's Hospital		, , , , , , , , , , , , , , , , , , , ,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business he/she valued at more than \$5,000?		ive a contract		y, Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Yes Is contributor a principal of a If yes, indicate which bra of government the contralser 1	state contractor or pr nch or branches	ospective stat	e contractor? Yes OLegislative				
	Date Receive		Aggregate Contributions	_			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	1		100				
Last Name	First		<u></u>		MI		
Stone	Chris						
Residential Street Address	City			State	Zip Code		
77 mountview	Hartford		CT 06113				
Principal Occupation	Name of Emp	ployer					
worker	Metropo	litan Distri	ct				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?		ve a <u>co</u> ntract		/, Amou	nt of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event # Fundra Ser 1 Section L1? Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	nch or branches	_	e contractor? Yes O Legislative				
Method of Contribution:	Date Receive	7	Aggregate Contributions	\dashv			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 6/22/20.	23	100				
Last Name	First				MI		
Zeeshan	Rashid						
Residential Street Address	City			State	Zip Code		
472 Farmington Avenue	Hartford			СТ	06105		
Principal Occupation	Name of Emp	ployer					
Owner	Sams Fo	od Store					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?		ve a <u>co</u> ntract		7, Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	ospective stat	e contractor? Yes				
Method of Contribution:	Date Receive	d	Aggregate Contributions	7			
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order 6/15/202	23	250				
SUB	TOTAL Section	B — This	Page 450				
TOTAL	L of additional S	ection B F	ages 12762				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line							

Section B ADDITIONAL PAGE ¹⁴ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	64, 1166 116 116 116 116 116 116 116 116 1		TYPE OF REPORT						
Maly4Hartford			July 10th Filing	July 10th Filing					
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	_{\$} 837						
B. Itemized Co	ontril	butions from Indivi	duals						
Last Name	"	First				М			
Nadeau		Meagan							
Residential Street Address	City	ont-		State	1 -	Code			
2138 main Street Principal Occupation						238			
Information Technology		Name of Employer	oalst						
	0.4	Consulting Cardiol	-						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo 250		f Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which brown the section L1?	anch or	branches	_ O No						
If yes, list Event # Fundraiser 1 of government the contra	act is wi		OLegislative	_					
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Mone		Date Received	Aggregate Contributions						
	-	_l	250			T			
Last Name Castrucci		int RIta				М			
Residential Street Address	City			State	Zip (Code			
722 Wethersfield Avenue	Hart	ford		CT	06	114			
Principal Occupation		Name of Employer			_				
Self Employed		Metro AutoBody &	Towing Inc						
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?					Amount of Contribution 250				
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which brows the section of the se	anch or	branches	_ ONo						
If yes, list Event # of government the control Method of Contribution:	act is wi	Date Received	C Legislative Aggregate Contributions	4					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order		250						
Last Name	-	irst				МІ			
Dressler	J	leffrey							
Residential Street Address	City			State	Zip C	L. Code			
14 Whetten Road	Wes	t Hartford		CT	061	117			
Principal Occupation		Name of Employer							
Attorney		Dressler Strickland				İ			
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 e is asso	ndidate for a chief executive ciated with have a contract Yes No	officer of a municipality with said municipality	y, Amo	unt of	f Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which bra	anch or	branches	_ ONo	_					
If yes, list Event # of government the contra Method of Contribution:	ect is wi	th: Executive	C Legislative Aggregate Contributions	4					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order		250						
SUB	TOTA	AL Section B — This	Page 750	<u></u>					
TOTA	TOTAL of additional Section B				Pages 12462				
TOTAL OF ALL CONTRIBUTIONS FROM		OVIDUALS (Sections A lumn A of Summary Page 1							

Section B ADDITIONAL PAGE ¹⁵ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Maly4Hartford			July 1	0th Filing					
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$83°	7					
B. Itemized Co	ontrib	outions from Indivi	duals						
Last Name	I	irst					MI		
Conception	J	lulio							
Residential Street Address	City				State	1 -	Code		
1212 main Street	Hart	ford 			CT	CT 06103			
Principal Occupation		Name of Employer							
Executive Director		Hartford Chamber	of Con	merce					
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?					, Am o	unt (of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyes, indicate which brateful of government the contraction.	anch or	branches	_	O No					
Method of Contribution;		Date Received	Aggregat	e Contributions	_				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	4/25/2023	50						
Last Name	Fi	rst				-	МІ		
Wallington)ale							
Residential Street Address	City				State	Zip	Code		
50 Beechtree	West	t Hartford			CT	06	107		
Principal Occupation	1	Name of Employer				,i			
Director		International Hartfo	ord						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?					1	Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fixed which bree of government the contract of government the contract of the contract	anch or	branches		⊙ No					
Method of Contribution:	act is wi	Date Received		Contributions	4				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	4/25/2023	250						
Last Name				· · · · · · · · · · · · · · · · · · ·			МІ		
Teron	Y	'anil							
Residential Street Address	City				State	Zip	Code		
1010 Sandstone	Sout	h Windsor			CT	06	074		
Principal Occupation		Name of Employer			······································	<u></u>	,		
Retired		Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?					5 Amo	unt e	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 contra	anch or i	branches		No					
Method of Contribution;		Date Received		Contributions	7				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	4/26/2023	50						
SUB ⁴	TOTA	L Section B — This	Page	e 350					
TOTA	L of a	dditional Section B P	Pages 12862						
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A lumn A of Summary Page 2		13212					

Section B ADDITIONAL PAGE ¹⁶ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Maly4Hartford	****	August with a mag			 	1oth Filling				
A. Total Contributions from S (See instructions for definition of Small				his Period ONLY TOTAL SECTION A	\$83	37			•	
		B. Itemized Co	ntrit	butions from Indivi	duals	· · · · · · · · · · · · · · · · · · ·				
Last Name				ist					MI	
Segarra			1	Estela						
Residential Street Address			City				State	Zip	Code	
74 Haddam Street			Hart	tford		· <u></u>	СТ	06	106	
Principal Occupation				Name of Employer						
Program Specialist				HPS						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	dos	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?	to a ca is asso	undidate for a chief executive ciated with have a contract OYes ONo	e office with sa	r of a municipality d municipality	, Amo	unt o	of Contribution	
		Is contributor a principal of a s If yes, indicate which brai of government the contract	ich or	branches		💽 No				
Method of Contribution:				Date Received		te Contributions	 •			
OCash OPersonal Check OCredit/Debit C	Card (OPayroll Deduction OMoney	Order	5/01/2023	25					
Last Name			F		<u> </u>		1		МІ	
Segarra			F	ernando						
Residential Street Address			City				State	Zip	_l Code	
74 Haddam Street			Hart	ford			CT	1 -	106	
Principal Occupation				Name of Employer		<u>-</u>		ــــــــــــــــــــــــــــــــــــــ		
Engineer				DUCCI Contractors						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doc	ontribution is in excess of \$400 to s contributor or business he/she ued at more than \$5,000?						Amount of Contribution 25		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ach or	branches		⊙ No				
Method of Contribution:		<u> </u>		Date Received		te Contributions	1			
OCash OPersonal Check OCredit/Debit C	ard	Payroll Deduction OMoney	Order	5/01/2023	25					
Last Name			Fi	irst			<u> </u>		МІ	
Sallto			6	Ralph						
Residential Street Address			City				State	Zip	Code	
280 Tower Drive			Hart	ford			Ct	06	095	
Principal Occupation				Name of Employer						
Golf Professional				Keney Park GC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to secontributor or business he/she ued at more than \$5,000?					Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	pal of a state contractor or prospective state contractor? OYes No							
Method of Contribution:				Date Received		te Contributions	7			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Order	5/02/2023	100					
		SUBT	ОТА	L Section B — This	Page	150				
		TOTAL	of a	dditional Section B F	ages	13062				
TOTAL OF A	ALL	CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A lumn A of Summary Page		13212	·			

Section B ADDITIONAL PAGE ¹⁷ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maly4Hartford			July 10t	h Filling				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	_{\$} 837					
	ntrib	utions from Indivi	duals					
Last Name		irst					MI	
Rodriguez		Daniel						
Residential Street Address	City Hartf	Emuni			State	I -		
118 Henry Street Principal Occupation	Maiu			***	CT	Uo	114	
Mechanical Engineering		Name of Employer	- ~					
		Raytheon Technolo						
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 can is assor	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a with said m	a municipality unicipality	7. Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1?	nch or t	ntractor or prospective state	_	No	7 '			
If yes, list Event # of government the contract	t is with			tive				
Method of Contribution:		Date Received	Aggregate C	ontributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		05/05/2023	100					
Last Name	Fin						МІ	
Shaune		arry					<u> </u>	
	City Hartf	ined.			State	Zip C		
	Halu				СТ	Uo	114 	
Principal Occupation Fire Fighter		Name of Employer						
Fire Fighter		City of Hartford			_			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	io a can is assoc	didate for a chief executive ciated with have a contract Yes O No	officer of a with said mu	municipality micipality	Amo 100		f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? Yes Is contributor a principal of a second reported in Section L1?	nch or t	branches	_	ŎNo				
If yes, list Event # of government the contract Method of Contribution:	t is with	th: Executive	O Legisla: Aggregate Co		_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/02/2023	100	Munumono				
Last Namo	Fin						MI	
Gale	- 1	ohn					Q	
Residential Street Address	City				State	Zip C	L Code	
6 Cone Street	Hartf	ford			CT	I -	105	
Principal Occupation		Name of Employer				<u> </u>		
Attorney		John Q. Gale LLc						
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?					, Amo	unt of	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or b	branches	contractor	ŌNo				
Method of Contribution:		Date Received	Aggregate Co		1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/22/2023	250					
SUBT	OTA	L Section B — This	Page 45	0				
TOTAL	of ad	dditional Section B P	ages 12	762				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page 1		212				

Section B ADDITIONAL PAGE 18 of 28

			- To Ottown				40	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Maly4Hartford			July	10th Filing				
A. Total Contributions from Small Contributors-Receiv		nis Period ONLY OTAL SECTION A	_{\$} 83	7				
		-						
	ontrib	utions from Indivi	duals	/ - /				
Last Name		rat					MI	
Rodriguez		Daniel .						
Residential Street Address	City				State	1 -	Codo	
118 Henry Street	Hart	ford				06	118	
Principal Occupation		Name of Employer						
MTS		Pratt Whitney						
	tion is in excess of \$400 to a candidate for a chief executive officer of a municipality, ibutor or business he/she is associated with have a contract with said municipality more than \$5,000? OYes ONo					ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra of government the contraction of government the contraction.	ınch or l	branches	_	No				
Method of Contribution;		Date Received		te Contributions	-			
⊙Cash ○Personal Check ○Credit/Debit Card ○Payroll Deduction ○Money	y Order	6/22/2023	100					
Lest Name	Fir	l	<u> </u>				МІ	
Castillo		ulia						
Residential Street Address	City	Hartford			State		Code	
63 Gould Drive Apt C	Easi	nartiolo			CT	00	118	
Principal Occupation Retired		Name of Employer Retired						
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?					Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a figure which bra of government the contra	anch or l	branches	_	⊙ No				
Method of Contribution:		Date Received		te Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/21/2023	200					
Last Name	Fir	nst .		·	-		MI	
Residential Street Address	City				State	Zip	Code	
	1							
Principal Occupation		Name of Employer					-	
O 1		111.0		0 11 11				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ciated with have a contract O Yes O No	e omcer with said	of a municipality d municipality	Amo	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section bra of government the contra	nch or l	branches _	_	ЮNO				
Method of Contribution:		Date Received		te Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order							
SUB	тота	L Section B — This	Page	300				
TOTAL	L of a	dditional Section B I	ages	12912				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page		13212				

Section B ADDITIONAL PAGE 19 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maly4Hartford			July 10th Filir	ng			
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	_{\$} 837				
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	1	inst		'			МІ
Coursey		/lary					В
Residential Street Address	City	h l lautfaud			State	1 -	Code
21 Walbridge Road	wesi	t Hartford			CT	00	119
Principal Occupation		Name of Employer					
PR Consultant		Coursey & Co.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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?					Amoi 100.		f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra of government the contra	nch or l	branches		Yes No			
Method of Contribution:		Date Received	Aggregate Contribut	ions	~		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/30/2023	100				
Last Name Schick	Fir D	st eavid			МІ		
Residential Street Address	City	i.t			State	Zip (
2209 Avenue	Broo	kiyn ————			NY	112	210
Principal Occupation		Name of Employer		_			
Real Estate		Shelbourne Globa	l Solutions LL	,C			
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 can is assoc	didate for a chief executive clated with have a contract Yes No	officer of a munic with said municipa	ipality, lity	Amount of Contribution 250		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bra	inch or l	branches	_ (Yes No			
If yes, list Event # of government the contra Method of Contribution:	ict is wit	Date Received	C Legislative Aggregate Contributi	ions	4		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	05/28/2023	250	,0120			
Last Name	Fir	at			<u> </u>		МІ
DiBelila	В	Ш					
Residential Street Address	City			1	State	Zip (Code
1 Gold Street	Hartf	ford			CT	06	103
Principal Occupation		Name of Employer					
Lobbylst		3D Consultants LLC	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amou 250.0		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra-	nch or t	branches	_ (Yes No			
Method of Contribution:	*****	Date Received	Aggregate Contributi	ions	1		
OCash OPersonal Check OCredit/Debit Card OPayroli Deduction OMoney	y Order	06/30/2023	250				
SUBT	гота	L Section B — This	Page 600.00				
TOTAL	L of ac	dditional Section B P	ages 12612				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page ?		00			

Section B ADDITIONAL PAGE 20 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Maly4Hartford			July 1	Oth Filling			· · · · · · · · · · · · · · · · · · ·
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	_{\$} 837				
	_						
		utions from Indivi	duals				
Last Name	" "	rst					MI
Estrella		otty	_			···	
Residential Street Address	City	1			State	1 -	Code
90 Douglas St	Hartf				CT	Ub	114
Principal Occupation		Name of Employer					
Store Manager		Save a Lot		1.1.			
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?					7. Amo		f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brain of government the contract	nch or t	branches					
Method of Contribution:	OI 10	Date Received		Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		6/30/2023	250				
Last Name	Fin						MI
Grahn	1	ohn			,		
	City	· 			State	Zip (
74 mountain Street	Hartf				СТ	UO	106
Principal Occupation		Name of Employer					
Retired		Retired					<u></u> -
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?					50.0		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	nch or t	branches _	e contract	⊙ No			
Method of Contribution:		Date Received	Aggregate	Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	06/30/2023	50		1		
Last Name	Fir						М
Flores	R	amon					
l l	City				State	Zip (
17 Hayrake Drive	Weth	nersfleld			CT	06	109
Principal Occupation		Name of Employer					
Busliness Man		Owner					
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?					, Amo		f Contribution
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 braz of government the contract	nch or b	oranches	e contract	⊙ No			
Method of Contribution:		Date Received	Aggregate	Contributions	┪		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order (06/30/2023	250				
SUBT	ГОТА	L Section B — This	Page	550.00			
TOTAL of additional Section B Pages 12,462.00							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 13,212.00							

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Λf	28
431	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE	TYPE OF REPORT				
Maly4Hartford			July 10th Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	NLY \$83	7				
					,	
B. Itemized Co	ntributions from	Individuals				
Last Name	First				-	МІ
Castro	Angel					
Residential Street Address	City			State	Zip	Code
51 Bradley Avenue	Meriden			CT	06	451
Principal Occupation	Name of Employ	er			<u> </u>	*****
Business Owner	Prestige Co	nstruction				
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 candidate for a chief is associated with have a	f executive officer a contract with sai	of a municipality, d municipality	75.0		f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fives, indicate which branches of government the contraction of government the contraction.	etate contractor or prosper ich or branches		⊙ No	75.0	J	
Method of Contribution:	Date Received		te Contributions	-		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/30/2023	75				
Last Name	First				¢	MI
Chen	Sung					
Residential Street Address	City		1	State	Zip (I Code
107 Windmill Lane	Newington			СТ	06	
Principal Occupation	Name of Employe	:			<u> </u>	
Self Employed	Family Laun					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to			of a municipality	Amo	unt of	Contribution
or dependent child of a lobbyist? O No does contributor or business he/she valued at more than \$5,000?	is associated with have a			100.		Contribution
is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No Yes No Is contributor a principal of a section L1? If yes, indicate which brant of government the contract	ach or branches	ective state contra	⊙ No			
Method of Contribution:	Date Received		e Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 06/29/2023	100				
Last Name	First			<u></u>	·	МІ
Bazzano	John					Α
Residential Street Address	City			State	Zip C	Code
96 Hubbard Road	Hartford		ļ	CT	061	1114
Principal Occupation	Name of Employe	er -			<u></u>	
Retired	Retired					
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	is associated with have a	contract with said				f Contribution
valued at more than \$5,000?	·	O No		100.0	00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a section L1? If yes, list Event # Of government the contraction of government the government of government the government of government the government of government the government of	ich or branches	xetive state contrac xecutive	ŎNo			
Method of Contribution:	Date Received		te Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 06/27/2023	100				
SUBT	OTAL Section B -	This Page	275.00			
TOTAL	of additional Sect	ion B Pages	12,712.00			
TOTAL OF ALL CONTRIBUTIONS FROM	I INDIVIDUALS (Se 13, Column A of Summa		13,212.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Section B ADDITIONAL PAGE 22 of 28

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ΛT	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Maly4Hartford	July 10th Filling			
A. Total Contributions from Small Contributors-Received the (See instructions for definition of Small Contributor) SUBT	nis Period ONLY OTAL SECTION A	_{\$} 837		
			-	
B. Itemized Contrib		duals		
	irst			MI
	\lda 		' - <u> </u>	
Residential Street Address City 12 Queach Road North	h Branford		I I -	p Code 6471
Principal Occupation	Name of Employer		0, 1	J47 I
Law enforcement	State of CT Adult Pr	robation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a can does contributor or business he/she is associated at more than \$5,000?			75.00	of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state con flyes, indicate which branch or be of government the contract is with	branches _	Contractor? Yes No Clegislative		
Method of Contribution:		Aggregate Contributions	\dashv	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	6/30/2023	75		
Last Name Fin	rst		<u> </u>	МІ
Flores	ndrea			
Residential Street Address City			'	Code
	nersfleld		CT 0	6109
Principal Occupation	Name of Employer	· -		
Office	812 Meridan CT 1 Li			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a can does contributor or business he/she is assoc valued at more than \$5,000?			250.00	of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contributor aprincipal of a s	branches	_ ONo		
If yes, list Event # of government the contract is with Method of Contribution:		Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	06/29/2023	250		
Last Name Fir	lat l		<u> </u>	MI
Barela K	enneth			
Residential Street Address City			State Zip	Code
1212 Main Street (510) Hartf	ford	· .	CT 0	6103
Principal Occupation	Name of Employer		***************************************	
CEO	Hispanic Health Cou			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a can does contributor or business he/she is associated at more than \$5,000?			25.00	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Yes No If yes, indicate which branch or be of government the contract is with	branches	_ ONo		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	1	Aggregate Contributions 25	7	
SUBTOTA	L Section B — This	Page 350.00	-	
TOTAL of ad	dditional Section B P	ages 12,662.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDI (Enter total on Line 13, Coli				

Section B ADDITIONAL PAGE 23

 of^{28}

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Maly4Hartford	July 10th Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	_{\$} 837				
		-			
B. Itemized Co	ntributions	from Indivi	duals		
Last Name	First				MI
Fonfara	John				
Residential Street Address	City			State	Zip Code
99 Montawese Street	Hartford			CT	06114
Principal Occupation		f Employer			
Energy	Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated wi	or a chief executive the have a contract of t	e officer of a municipalit with said municipality	y, Amo:	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? Yes Is contributor a principal of a section L1?	state contractor on the contractor of the contra	or prospective stat	No No	_	00
If yes, list Event # of government the contract		-	O Legislative	_	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/24	/2023	Aggregate Contributions 250	f	
Last Name	First		1		MI
Sanchez	James				
Residential Street Address	City			State	Zip Code
370 Freeman Street	Hartford			СТ	06106
Principal Occupation	Name o	Employer		1	
Utility systems monitoring tech	Metro	politan Distri	ct Commission		
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?	is associated w <u>i</u> i			y, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which branches in the section L1?	nch or branches		_ ⊙ No		
If yes, list Event # of government the contract Method of Contribution:	Date Re		C Legislative Aggregate Contributions	_	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		5/2023	100.00		
Last Name	First	-, -, -, -, -, -, -, -, -, -, -, -, -, -	100,00		MI
Perez	Jeffrey				
Residential Street Address	City		- 	State	Zip Code
24 Lewis Road	Marlboroug	h		СТ	06447
Principal Occupation	Name o	f Employer	······································		
Store Manager	J&H F	ood Corp.			
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?	is associated wi	r a chief executive the have a contract Yes No	e officer of a municipality with said municipality	y, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a solution of government the contract of government the government the government of government the contract of government the government of gov	ach or branches	_	e contractor? Yes No Legislative		
Method of Contribution:	Date Re		Aggregate Contributions	7	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 06/3	0/2023	100		
SUBT	TOTAL Sect	ion B — This	Page 400.00	-	
TOTAL	of addition	al Section B F	ages 12,612.00		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)					

Section B ADDITIONAL PAGE 24 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE	TYPE OF REPORT			
Maly4Hartford			July	July 10th Filling					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					_{\$} 83	17			
		B. Itemized Co.	ntrib	utions from Indivi	iduals				
Last Name			Fir						MI
Ortiz			IN	/litzchka					
Residential Street Address			City			ma***	State	1 -	Code
32 Two Mile Road			Farm	nIngton			СТ	06	5032
Principal Occupation				Name of Employer					
CPA Lawyer				Law Firm of Mitzch	ıka Bas	man Ortiz			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 to se contributor or business he/she ared at more than \$5,000?					7. Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ach or b	branches	_	No	7	•-	
Method of Contribution:		A 801 AT HILL MA AND MA	* 10 ***-	Date Received		ate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Order	6/23/2023	250				
Last Name			Fin	st	<u> </u>				м
Roessler			1"	urtis					
Residential Street Address		[(City				State	Zip	Code
14 Brattle Street			•	Hartford			CT	1 -	5119
Principal Occupation				Name of Employer		<u></u> I		<u></u>	
Letter Carrier				USPS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 to s contributor or business he/she i and at more than \$5,000?					, Amo		of Contribution
	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ach or b	ntractor or prospective state	_	⊙ No	_	,,,	
Method of Contribution:				Date Received		te Contributions	1		
Ocash OPersonal Check Ocredit/Debit C	ard (Payroll Deduction	Order	06/23/2023	25				
Last Name	_		Fir	rst .					MI
Murphy			A	dam					
Residential Street Address		t t	City	***************************************			State	Zip	Code
389 Capital Avenue			Hartf	ord			CT	06	5106
Principal Occupation				Name of Employer					
Unemployed			_	N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 t s contributor or business he/she i ued at more than \$5,000?					/, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or b	branches		ŎNo			
Method of Contribution: Cash Personal Check Credit/Debit C	Card (Payroll Deduction OMoney	Order	Date Received 06/22/2023	Aggrega 15	ate Contributions			
		SUBT	OTA	L Section B — This	Page	290.00			
		TOTAL	of ad	lditional Section B F	Pages	12,722.00			-
TOTAL OF A	ALL (CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page		13,212.00			

Section B ADDITIONAL PAGE ²⁵ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	Principle de la company de la	the state of the s	
Maly4Hartford	July 10th Filing				
A. Total Contributions from Small Contributors-Receiv	_{\$} 837				
B. Itemized Co.	ntributions from Indivi	สักลโร			
Last Name	First	***************************************		MI	
Shimer	Gregory				
Residential Street Address	City		State 2	Cip Code	
41 Danforth Lane	West Hartford		СТ	06110	
Principal Occupation	Name of Employer				
Sales	Rebel				
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?			, Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? No If yes, list Event # Fundraiser 1 Is contributor a principal of a sevent reported in Section L1? No of government the contract		CLegislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/22/2023	27			
Last Name	First		1	МІ	
Grant	David				
Residential Street Address	City		State Z	ip Code	
205 Birchwood Drive	New Britain		CT (06052	
Principal Occupation	Name of Employer		<u>-</u>		
Executive Director	Hartford Gay and Le	esbian Health Collec	tive		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	officer of a municipality, with said municipality	Amoun 250.00	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1		e contractor? Yes No	250.00	,	
Method of Contribution:		Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 06/22/2023	250	1		
Last Name	First		<u> </u>	MI	
Perez	Eddle				
Residential Street Address	City		State Z	ip Code	
64 Catherine Street	Hartford		CT (06106	
Principal Occupation	Name of Employer				
Transportation Coordinator	CREC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			Amoun 250.00	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes Is contributor a principal of a s If yes, indicate which bran of government the contract		C Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Date Received O6/22/2023	Aggregate Contributions 250			
SUBT	OTAL Section B — This	Page 527.00			
TOTAL	of additional Section B P	ages 12,485.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 13,212.00					

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Maly4Hartford	July 10th Filing	July 10th Filling		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	¥ \$837	_{\$} 837		
	· · · · · · ·			
	ntributions from Ind	lividuals		
Last Name	First			MI
Tejada	Juan			
Residential Street Address	City		1 1 -	Code
315 Griswold Road	Wethersfield		CT 06	109
Principal Occupation	Name of Employer			
Self Employed	McLain LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a cont OYes O	ract with said municipality No	100.00	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Yes Is contributor a principal of a If yes, indicate which bra of government the contra		state contractor? Yes ive OLegislative		
Method of Contribution:	Date Received	Aggregate Contributions	┪	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/22/2023	100		
Last Name	First			MI
Nadeau	Meagan			
Residential Street Address	City		. , ,	Code
2138 Main St	Coventry		CT 06	238
Principal Occupation	Name of Employer			
IT	Consulting Card	liologists		
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?		ract with said municipality	250.00	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundralser 1 Yes Is contributor a principal of a If yes, indicate which bra of government the contra		© No		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 06/22/2023	250		
Last Name	First			MI
Nadeau	Tyler			
Residential Street Address	City		State Zip	Code
2138 Main Street	Coventry		CT 06	238
Principal Occupation	Name of Employer			
Office	Manchester Tok	acco		
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?		ract with said municipality	250.00	f Contribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which bra	nch or branches	_ ONo		i
If yes, list Event # Fundralser 1 of government the contra- Method of Contribution:	ct is with: Execut	Aggregate Contributions	4	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		250		
SUB*	TOTAL Section B — T	his Page 600.00		
TOTA	L of additional Section	B Pages 12,412.00		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Section 13, Column A of Summary Po			

Section B ADDITIONAL PAGE ²⁷ of ²⁸

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Maly4Hartford			July 10th Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		Period ONLY FAL SECTION A	_{\$} 837			
B. Itemized Co	ntribut	ions from Indivi	duals			
Last Name	First				МІ	
Schoenfeld	Ala	n				
Residential Street Address	City			State	Zip Code	
16 Livingstone Road	Bloomf	field		CT	06002	
Principal Occupation		Vame of Employer				
President Wholesaler			bacco and Candy C		<i>!</i>	
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, Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? Yes Is contributor a principal of a section L1?	nch or bra	nches	● No			
If yes, list Event # Fundraiser 1 of government the contract			O Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	- 1	0ate Received 6/22/2023	Aggregate Contributions 250			
Last Name	First				MI	
Schoenfeld	Vali					
Residential Street Address	City			State	Zip Code	
58 Brentwood Drive	Glaston	bury		СТ	06033	
Principal Occupation	N	ame of Employer				
Homemaker/part time		MTC				
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?				/s Amou	unt of Contributio	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes Is contributor a principal of a If yes, indicate which brain of government the contraction of government the contraction.	nch or bra	nches	e contractor? Yes	~		
Method of Contribution:			Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order (06/22/2023	250	Į.		
Last Neme	First				MI	
Schoenfeld	Mic	hael				
Residential Street Address	City			State	Zip Code	
58 Brentwood Drive	Glaston	bury		СТ	06033	
Principal Occupation		iame of Employer				
VP Wholesaler		MTC			_	
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	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Fundraiser 1 Yes Is contributor a principal of a section L1? If yes, list Event # Fundraiser 1	nch or bra		No			
Method of Contribution:	1		Aggregate Contributions 250	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney						
SUBT	TOTAL	Section B — This	Page 750.00			
		itional Section B P				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IDUALS (Sections A n A of Summary Page 1				

Section B ADDITIONAL PAGE ²⁸ of ²⁸

			1 — — — — — — — — — — — — — — — — — — —	encode de la constitución de la	DESCRIPTION OF THE PERSON OF T	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Maly4Hartford	July 10th Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			_{\$} 837			
	····					
B. Itemized C	ontrib	utions from Indivi	duals			·
Last Name		irst	,			MI
Reasco-Bumgardner	k	(ayla				
Residential Street Address	City			State	Zip	Code
51 Mirlam Road	New	Britain		СТ	06	053
Principal Occupation		Name of Employer				
VP Public Affairs		Intersect Public So	lutions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Amo		f Contribution
Is this contribution associated with an Yes Is contributor a principal of a		ntractor or prospective stat				
event reported in Section L1? If yes, list Event # Of government the contraction of government the government the government the contraction of government the government that government the government the government that government the			OLegislative No			
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	6/20/2023	100			
Last Name	Fi	rst				МІ
Residential Street Address	City			State	Zip (Code
Principal Occupation	<u> </u>	Name of Employer		<u></u>	<u> </u>	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400				, Amo	unt o	f Contribution
or dependent child of a lobbyist? No does contributor or business he/sh valued at more than \$5,000?	ie is assoc	ciated with have a contract Yes O No	with said municipality			
Is this contribution associated with an Yes Is contributor a principal of	a state co	entractor or prospective stat	e contractor? OYes			
event reported in Section L1? O No If yes, indicate which br If yes, list Bvent # of government the contr			C Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order					
Last Name	Fü	rst				м
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? No No If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				/, Amor	unt of	f Centribution
Is this contribution associated with an Yes Is contributor a principal of a	a state co	ntractor or prospective stat	e contractor? OYes	7		
event reported in Section L1? O No If yes, indicate which brown of government the contraction of government the contraction.	ranch or i	branches _	O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order					
SUB	BTOTA	L Section B — This	Page 100			
TOTA	L of a	dditional Section B F	ages 13112.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections A	(+B) 12 212 00		•	
(Enter total on Line	e 13, Col	umn A of Summary Page	Totals)			

NAME OF COM	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYP					TYPE OF REPORT		
C1. Contributions from Other Committees					ittaa	······································		
Name of Committee		CI. (John Marie	ins ironi O	Name of Treas			
Address	Is this contribution associated with an Oyes ONo event reported in Section L1? If yes, list Event #						Amount	f Contribution
City		State	Zip Code	Date Recei	ved	Aggregate Contributions		
Name of Committee					Name of Treasu	irer /		
Address				Is this contril	bution associate d in Section L1 If yes, lis		Amount o	f Contribution
City		State	Zip Code	Date Recei	ved	Aggregate Contributions	-	
Name of Committee			1		Name of Tyeasu	rer		<u> </u>
Address		· · · · · · · · · · · · · · · · · · ·		Is this contrib	d in Section L19	d with an Yes No	Amount o	f Contribution
City		State	Zip Code	Date Receiv	ved	Aggregate Contributions	<u> </u>	
	C2. Re	eimbursemen	ts or Surpl	us Distribu	tions from	other Committees		
Name of Committee					Name of Treasu			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbuysem	ent for shared ex	xpense OSu	rplus Distribution	on	Amount	of Receipt
Description								
Name of Committee					Name of Treasu	rer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type O Reimburse	ment for shared	expense O	Surplus Distribu	ition	Amount	of Receipt
Description			······································					
	/		SUBTO	TAL Section	C — This	Page		
/	TOTAL OF	III COMM		of additional				
		ALL COMMIT C1 + C2) (Enter t						

NAME OF COMMITTEE (Provide Complete Name as Register	TYPEC	TYPE OF REPORT			
	D. Loans Ro	eceived this Period	<u> </u>		
Name of Lender		Source of Loan: OBank O Can	didate 🔘 Individ	aal Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Charantor of this loan? O Yes O No
Name of Cosigner/Guarantor (If applicable)					Amount Received
Street Address	City		State	Zyl Code	
Nante of Lender	<u> </u>	Source of Loan; OBank O Cane	didate O Individu		Date of Receipt
Street Address	City		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (If applicable)			/		Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: OBank O Cano	lidate (Individu	at Other Committee	Date of Receipt
Sireet 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	Zity		State	Zip Code	
		TOTAL SECTI	ON D		
E. Receipts from Entities other	er than Individu	als or Other Com	nittees (Refere	ndum Committee	es ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	Stat	e Zip Code	Aggregate Contr	íbutions	
Name of Entity					
Street Address			Date Received		Amount Received
City	Stat	e Zip Code	Aggregate Contr	íbutíons	
Name of Entity		<u> </u>			
Street Address			Date Received		Amount Received
City	Stat	e Zip Code	Aggregate Contr	ibutíons	
		TOTAL SECT	ION E		

NAME OF COMMITTI	EE (Provide Complete Name as Regis	tered with Filing Repository)		TY	PE OF REPORT
I	. Amount Transferred	from Affiliated Bu	siness Treasury (Bus	iness E	ntity Committees ONLY)
Date of Receipt	Is this transaction associate event reported in Section		If yes, list Event #		Amount
Pate of Receipt	Is this transaction assoc event reported in Section		If yes, list Event #		Amount
Date of Receipt	ls this transaction assoc event reported in Section		If yes, list Event#		Amount
Pate of Receipt	Is this transaction assoc event reported in Sectio		If yes, list Event #		Amount
			TOTAL SECTION	N F	
C Amount T	ransfarrad from Affilia	ted I abor Union or	Other Organizatio	n Two	sury (Organization Committees ONLY)
ate of Receipt	Tausterren Hom Allma	Date of Receipt	Other Organization		of Receipt
are or recorp.				Date	or recorp.
				_	
,	Amount	<i>"</i>	Kount		Amount
			TOTAL SECTION	G	
	II W 1 va . I . e	4 / D	t Juli Dui Los		
ate of Receipt	H. Personal Funds of	tne Candidate Rece	eived this Period (Ca	ındidale	
ate of Receipt	Method of payment: OCash	O Personal Chec	ck O Credit/Debi	t Card	Amount
ate of Receipt	Method of payment:				Amount
	Cash	O Personal Chec	ck O Credit/Debi	t Card	
ate of Receipt	Method of payment:	· · · · · · · · · · · · · · · · · · ·			Amount
	OCash	O Personal Chec	ck O Credit/Debi	l Card	
ate of Receipt	Method of payment: OCash	O Personal Chec	sk O Credit/Debi	l Card	Amount
	/		TOTAL SECT	ION H	
1.		I. Anonymous	Contributions		
an	Per Public Act 11-48, nount. If a committee immediately remit the	receives an anonyn contribution to the	nous contribution, 1	he car	npaign treasurer shall

SU	1	{ ()	ĸ١	1.2	()
m r.					

Page ?	7 of	17
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NAME OF COMMITTEE (Provide Complete Name as Registered	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				
J. Intere	est from Deposits in Auth	orized Account	s		
Name of Institution			Date Receiv	ved	Amount
Street Address	City	Sta	ite	Zip Code	
Name of Institution	······································		Date Receiv	ved	Amount
Street Address	City	Sta	ite	Zip Code	
	TO	TAL SECTION	J		
K. Miscellaneous	Monetary Receipts not C		/	ons	
Name		/		of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name	/		Date o	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date o	f Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date o	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u></u>		
	TOTAL	SECTION K			
SUMMARY OF OTH	IER MONETARY RECE	CIPTS (Sections	D thro	ugh K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entitles other than Individuals of	r Other Committees (Section E)	+		
Total Amount Transserred from Affiliated Business T	Treasury (Section F)		+		
Total Amount Transferred from Affiliated Labor Un	ion or Other Organization Tre	asury (Section G)	+		
Total Amount of Personal Funds of the Candidate Re	eceived this Period (Section H)		+		
Total Amount of Interest from Deposits in Authorize	d Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts not Consider	ed Contributions (Section K)		+		
(Add Sastians D thus	Total of Ot	her Monetary I	Receipt	8	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	mula ten mentalente nere		TYPE OF REPORT			
					· · · · · · · · · · · · · · · · · · ·	
Waly4FartiOra	T · P	ıt Information	July 10th Filing			
		it iniolmation		7		
Event # Date of Event Letter	Description			Was this a fundraising e		
6/22/2023	Fundraising 1 Campaign Launch			● Yes	ON ₀	
Location: Street Address		City		State	Zip Code	
Red Rock Tavern 369 (Capitol Ave	Hartford		СТ	06106	
Subpart 1: (All Committ	•					
Was this event hosted at	a personal residence?	Yes (If yes, go to Section L: Associated with a Houpurchases made by hose No	ise Party and complete	e required infor	Contributions mation 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	
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	eints here.)			
with purchases from an in		⊙ No		\$		
	ittees, Municipal Candidates and Political Comi dvertising space in a program book or on a fundraiser?	mittees other than Exploratory OYes (If yes, go to Section L3 or on a Sign and comp No	Purchases of Adverti		Program Book	
Subpart 3: (Town Comn	ittees ONLY)		· · · · · · · · · · · · · · · · · · ·			
Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$		
		⊙ No				
Event#	Description			Was this a fun	draising event?	
Date of Event Letter				OYes	ONo	
Location Street Address		City		State	Zip Code	
Subpart 1: (All Committe	es)					
Was this event hosted at a	personal residence?	Yes (If yes, go to Section L5 Associated with a Houpurchases made by host	se Party and complete	e required inform		
	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 i		ot Considered (Contributions	
11/ 45.1- C 4	role quetton as attended of descriptions		-lute base V			
with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Reco	eipis nere.)	\$		
		O No		<u> </u>		
	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a undraiser?	nittees other than Exploratory (OYes (If yes, go to Section L3 or on a Sign and comp ONo	Purchases of Adverti		Program Book	
Subpart 3: (Town Comm						
	bod or beverage at a fair or similar mass	Yes (If yes, enter Total Rece	eipts here.)	\$		
gathering held within the	state with this fundraiser?	ONo			·	
SUBTOTAL Section	n L1—Subpart I (All Committees) Total Receipts fr		This Page			
		ion L1—Subpart 3 <i>(Town Commit</i> ipts from Food Purchases — 7				
		TOTAL of additional Section				
		IPTS FROM SMALL PUF In Line 16a, Column A of Summary				

II. EVENT ACTIVITY (Sections L1—L5)

		s, effective January 1, om a committee tag sa						
NAME OF COMM	IITTEE (Provide Complete Nam	e as Registered with Filing Repositor	7)		TYPE OF REPO	RT		<u> </u>
	L3. P	urchases of Advertisin	g in a Prog	ram Book or o	n a Sign			
Name of Purchaser							se Made By:	
						Z	usiness Entity	Other
						Oln	dividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases (or All Events	Amount of Pro	gram Ad Purcha	se	Amount of Si	gn Purchase
				/				
Name of Purchaser			······································			Purcha	se Made By:	
TAME OF EMPSIONS							isiness Entity	Other
						Ξ	dividual/Sole P	-
Street Address			City	/			State	Zip Code
		İ						
Date Received	Event #	Aggregate Purchases fo	or All Everys	Amount of Buo	was Ad Dougla		A	<u> </u>
Date Received	EACUL W	Williams to the state of the st	N MILEVELLS	Amount of Fro	gram Ad Purcha	se	Amount of Sig	in Larcuase
Name of Purchaser		111 x 111 x 112 x	7				se Made By:	
		/	,				siness Entity	Other
	·			,		Olne	dividual/Sole P	r
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases fo	or All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	gn Purchase
				-				
Name of Purchaser				L		Purcha	se Made By:	
							isiness Entity	Other
						=	lividual/Sole P	_
Street Address			City				State	Zip Code
	,	/						
Date Received	Event #	Aggregate Purchases fo	ne All Evente	A of Duo	gram Ad Purcha		 Amount of Sig	
Date Received	Lvent"	Aggregate i dichases it	y Wil Pacing	Amount of Fro	grain Au Purcha	at	windancat of Si	ja Purchase
					_			
Name of Purchaser			,				se Made By:	
						Ξ	siness Entity	Other Other
		1.				<u>O</u> Inc	lividual/Sole P	
Street Address	/		City				State	Zip Code
				<u>.</u>				
Date Received	Event #	Aggregate Purchases fo	or All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	n Purchase
						İ		
	/							
1	/ SUBTOTAL Sect	ion L3 Total Purchases of A	Advertising in	Program Book —	- This Page			
	SUBTOT	AL Section L3 Total Purch	ases of Adver	tising on a Sign —	- This Page			- A- W
, ,,,,,,,,,			TOTAL of	f additional Section	n L3 Pages			
7	TOTAL OF ALL PURCE	IASES OF ADVERTISING						
		(Enter total on L	Ine 16c. Colun	in A of Summary 1	Page Totals)			

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
)		
	L4. In	-Kind Donations	Not Consid	ered Contribu	tions				
Name of Donor							/		
Street Address			City			/	State	Zip Code	
Donation Given By:	Description of Donation					T Parker 1	Market Ve	lue of Donation	
O Business Entity						Patri	Market VH	iee of Donanon	
OIndividual	Date Received	Event#		Aggregate Value for	Nie Event	1			
O Sole Proprietorship	Date Necested	LYCHER		Aggregate value for	Anis Litent				
Name of Donor									
Street Address			City		·		State	Zip Code	
Donation Given By:	Description of Donation					Fair N	Agrket Val	ue of Donation	
OBusiness Entity						Lan. I	MAINEL VA	ac of Doughill	
Olndividual	Date Received	Event#	/	Aggregate Value for	this Event	-			
Sole Proprietorship	Date received	/		Tigging value (or	III3 LYON				
Name of Donor						<u> </u>			
Street Address		/_	City				State	Zip Code	
					•				
Donation Given By:	Description of Donation					Fair N	Aarket Val	ue of Donation	
OBusiness Entity									
OIndividual	Date Received	Event #		Aggregate Value for	this Event	1			
O Sole Proprietorship	/								
Name of Donor						,			
•									
Street Address			City				State	Zip Code	
	(/					<u> </u>		<u> </u>	
Donation Given By. Business Entity	Description of Donation					Fair N	sarket Val	ue of Donation	
O Individual	Date Received	Event #	,	Aggregate value for	his Event	}			
O Sole Proprietorship									
/	/	SUBT	OTAL Section	n L4 — This Page					
		TOTA	L of additiona	l Section L4 Pages					
/ тот	TAL OF ALL IN-KIND DO (Ent	NATIONS NOT COI	NSIDERED C	CONTRIBUTIONS nmary Page Totals	S)				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing	Repository)			TYPE OF RE	PORT	
						7	- -
	L5. In-Kind Donations Not Cons	idered C	ontributions Ass	ociated with a H	ouse Par	l y	
Name of Host				committee? (0	ne candidate or dendum L5
Street Address			City			State	Zip Code
Description of Donation		•			Fair Mai	ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—	this hort candidate			
Name of Host				committee? (upporting me Yes ON uplete Itemize	0	ne candidate or Jendum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Agg	egate Value of all Events	this host candidate			
Name of Host				committee?	pporting mo Yes O No	0	ne candidate or
Street Address			City			State	Zíp Code
Description of Donation		<u></u>			Fair Mar	ket Value (of Donation
Event#	Aggregate Value of this Even—all hosts	Aggr	regate Value of all Events - 1	his host candidate			
Name of Host		•		Is this event so committee? (If yes, con	pporting mo Yes ONe plete Itemiza	0	
Street Address			City			State	Zip Code
Description of Donation		. 			Fair Mar	ket Value o	of Donation
Event#	Aggregate Value of this Event— <i>all hasts</i>	Aggr	egate Value of all Events—A	his host candidate			
		SUBT	TOTAL Section L5	— This Page			
			L of additional Sect				
	L OF ALL IN-KIND DONATIONS TH A HOUSE PARTY (Enter total of		NSIDERED CONT , Column A of Summa				100

NAME OF COMMITTEE (Provide Complete	Name as R	egistered with	h Filmo Repositi	and	-		TYPE	OE BE	POPT		
, to the same of t	114110 415 111	Special contract	T mag reposit	<u> </u>			11112	OI KL	A OKT		
			M. In-F	Kind Con	atr	ibutions	<u> </u>				/
Name		-								······································	
Street Address					Cit					State	Zip Code
						•					
Type of contributor: OCommittee	Date Rece	iveđ	Aggregate Co	ntributions	J	Description of In-Kind (Contributi	on			
Olndividual / Sole Proprietorship Oother	<u> </u>										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		business he/sl			e for a chief executive of with have a contract wite Yes No				,	Market Value is Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	utor a principa , indicate whic ernment the co	ch branch or	r bra	ractor or prospective sta anches Executive (OYes No		
Name							$\overline{/}$				
Street Address					City	, 				State	Zip Code
	···										
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Recei		Aggregate Cor			Description of In-Kind C					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No learning that the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No											
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	<i>If yes</i> , i	tor a principal indicate which rnment the cor	h branch or	bra	actor or prospective statenches Executive	_		8Yes No		
Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7							
Street Address			-/		City	7		-	 	State	Zip Code
Type of contributor: OCommittee	Date Receiv	ved	Aggregate Con	atributions		Description of In-Kind Co	ontributio	ın		<u> </u>	<u> </u>
Olndividual / Sole Proprietorship Oother			/								
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		business he/sl		ted	e for a chief executive o with have a contract with Yes No					Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	ls contribut		h branch or l	ntra brai	actor or prospective state	_		SYes No		
	$\overline{\mathcal{I}}$		SUI	BTOTAL S	Sec	tion M — This Page	9				
	/		тот	AL of addi	tio	nal Section M Pages	3				
TOTAL OF ALL IN-KIND CON	rribut	MONS (E	nter total on L	ine 23, Colui	mn /	A of Summary Page Tota	ais)				
/	N.	Refund	lable Dep	osit to T	ele	phone Company	/				
Last Name of Individual				First					MI	Date Depos	it Made
Residential Street Address			City				State	Zip (Code		Amount of Deposit
Name of Telephone Company											Бероап
Street Address			City	,		S	State	Zip (Code		
TOTAL SE	CTION	N (Enter t	iotal on Line 2	24, Column .	A oj	f Summary Page Totals	5)	<u> </u>	<u> </u>		

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.

SELECTORY 26

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

KHEN JENED 2015	211	z Oztaza (Stellom	<u> </u>			
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,)	TYPE OF REPORT			
Maly4Hartford			July 10th Filing			
	P. Expenses	Paid by Committee	·	·		
Name of Payee			Date of Payment	Method o	f Payment:	
Aqui Me Queda	Restaurant		6/22/2023	☐ Chec	•	
				Debi	it Card	
Street Address		City		State	Zip Code	
150 Albany Ave		Hartford		CT	06120	
Purpose of Expenditure	Description		Event#		Amount	
(by code)	Food Catering/Fundralser		Fundraiser 1	225		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	checked)			
Food	☐ None of the below					
LOOG	Coordinated with reimbursement sought (joint expenditu					
31 68	Coordinated without reimbursement sought (in-kind conti	ibution) Organiza	ationOAOBOCOD			
Name of Payee	_		Date of Payment	Method of		
Red Rock Taveri	1		6/22/2023	Chec		
Street Address		City	<u></u>	State	t Card ☐ EFT Zip Code	
369 Capitol ave		Hartford		СТ	06106	
					00100	
Purpose of Expenditure	Description		Event #		Amount	
(by code)	Food Catering/Fundraiser		Fundraiser 1	225		
Expenditure #				-		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)			
	☐ None of the below	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controller)	· = ·	tion OA OB OC OB			
Name of Payee		Organiza	Date of Payment	Method of	Payment	
Staples			5/26/2023	☐ Check #		
•				O Debit	Card DEFT	
Street Address		City		State	Zip Code	
2550 Albany Ave		West Hartford		СТ	06117	
Purpose of Expenditure	Description		Event #			
(by code) Misc	Campaign Cards				Amount	
	Jampaigi Vardo			53.16		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	checked)	7		
(if applicable)	☐ None of the below			İ		
	Coordinated with reimbursement sought (joint expenditu					
	Coordinated without reimbursement sought (in-kind cont	ribution) Organiz	ationOAOBOCO D			
Name of Payee			Date of Payment	Method of	•	
Anedot			5/29/2023	O Check		
Street Address		City		O Debit State	Card DEFT	
1340 Poydras St	reet Suite 170	New Orleans		LA	70884	
Purpose of Expenditure	Description		Event #		Amount	
(by code) Web	Credit Card processing fees			10.30		
Expenditure #	m cp in distribution in Alderdon B. Donate day	-5 (131C41 1 -t(1)				
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	uess "None of the below" is	снескеа)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure)	e) Indepen	dent			
	Coordinated with reimbursement sought (in-kind contract		ationOA_OB OC OD			
			510.46	<u>. L. , , , , , , , , , , , , , , , , , ,</u>		
	<u> </u>	UBTOTAL Section P —	- 1 ms rage	<u> </u>		
	TO	TAL of additional Section	on P Pages 2			
	TOTAL OF ALL EXPE					
	(Enter total on Line	: 19, Column A of Summary	rage Louis)			

SEEC FORM 20

Section P. ADDITIONAL PAGE 2____ of 3____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository))	TY	TYPE OF REPORT			
Maly4Hartford			Ju	ly 10th Filling			
	P. Expenses	Paid by Committee	3				
Name of Payee Anedot			[6/2023	Method of OCheck	k#	
Street Address		City			State	Zip Code	
1340 Poydras Stre	et Sulte 170	New Orleans			LA	70884	
Purpose of Expenditure (by code) Web	Description Credit Card Processing Fees		Event#		2.30	Amount	
Expenditure # (If applicable)	O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
Name of Payce				of Payment	Method of Payment:		
Anedot			6/2	22/2023	O Check		
Street Address		City			State	Zip Code	
1340 Poydras Stre	et Suite 170	New Orleans			LA		
Purpose of Expenditure (by code) Web	Description Credit Card Processing Fees	Samuel Anna	Event # Fundraiser 1			Amount 150.38	
Expenditure # (if applicable)							
Name of Payer				DBOCOD of Payment	Method of I	-	
Anedot		<u></u>	6/2	26/2023	O Check		
Street Address	-10-31-170	City			State	Zip Code	
1340 Poydras Stre		New Orleans	,		LA	70884	
Purpose of Expenditure (by code) Web	Credit Card Processing Fees		Event#		Amount		
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	ommittee) re)	ndent _	OB Oc OD	10.30		
Name of Payee				of Payment	Method of I	•	
Anedot			6/2	28/2023	Check O Debit		
Street Address		City	-		State	Zip Code	
1340 Poydras Stre	et Suite 170	New Orleans	······································		LA	70884	
Purpose of Expenditure (by code) Web	Description Credit Card Processing Fees	-	Event#			Amount	
(If applicable)					1.30		
	s	SUBTOTAL Section P —	– This Pag	e 164.28			
			· · · · · · · · · · · · · · · · · · ·				

SEEC FORM	2	0
Bertied farmer 1814		

Section P. ADDITIONAL PAGE 3____ of 3___

NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Maly4Hartford		July 10th Filing	July 10th Filling				
	P. Expenses	Paid by Committee					
Name of Payee Anedot			Date of Payment 6/30/2023	Method of Payment: OCheck #ODebit Card			
Street Address	State Zip Code						
1340 Poydras Str	LA 70884						
Purpose of Expenditure (by code) Web	Description Credit Card Processing Fees	Amount					
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	1					
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OHFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event#	Amount			
Expenditure # (if applicable)							
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OBFT			
Street Address		City	1	State Zip Code			
Purpose of Expenditure (by code)	Description		Event#	Amount			
Expenditure # (If applicable)	Expenditure # Wapplicable Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event#	Amount			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri						
	S	UBTOTAL Section P —	This Page 143.80				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			ТҮРЕ	TYPE OF REPORT				
		O. Campaign Evn	enses Paid by Cand	lidate		,,		
Name of Pavee (Name of	Vendor, Person or Entity who can		enses I am by Cant		Payment	le rain	physograph daimed?	
			Jan Di	f Payment Is reimbursement claim Yes N				
Street Address			City			_	-	
			City			State	Zip Code	
Purpose of Expenditure	Description			Event #			Amount	
(by code)							Amount	
Name of Payee (Name of	Vendor, Person or Entity who cand	lidate paid directly)		Date of	Payment	ls rein	nbursement claimed?	
						0	Yes O No	
Street Address			City			State	Zip Code	
Purpose of Expenditure	Description		I.	Event #			Amount	
(by code)								
Name of Payee (Name of	Vendor, Person or Entity who cand	lidate paid directly)	-	Date of	Payment	ls rein	ibursement claimed?	
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Street Address			City	<u> </u>		State	Zip Code	
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Street Address			City			State	Zip Code	
Purpose of Expenditure	Description			Event#			Amount	
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Name of Payee (Name of	Vendor, Person or Entity who candi	idate paid directly)		Date of Payment		Is reimbursement claimed?		
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Street Address			City	······································		State	Zip Code	
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Purpose of Expenditure (by code)	Description	Eve		Event #		Amount		
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Purpose of Expenditure	Description			Event#			Amount	
(by code)								
		s	UBTOTAL Section Q -	– This Page			, and the second	
		то	TAL of additional Section	on Q Pages			·	
		TOTAL OF ALL EXP	ENSES PAID BY CA e 26, Column A of Summar					
		(Sinci total on Lini	Commin / OJ DANDRAI,	, - u5~ x viuis)	<u> </u>			

	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				`		
· · · · · · · · · · · · · · · · · · ·	R.	Expenses Incurred on Com	mittee Credit Card		<u></u>		
Name of Issuing Inst		Type of Cree			<u></u>		
		O Visa	Master Card Discover	OAmerican Expres	s Other:		
lame of Vendor, Person	or Entity			Date of 7	ransaction		
	- н.						
street Address		City		State	Zip Code		
urpose of Expenditure by code)	Description		Frent #				
xpenditure # if applicable)	Type of Expenditure (Itemization In None of the below Coordinated with reimburse Coordinated without reimburse	Ос Ор					
lame of Vendor, Person	or Entity			-	Date of Transaction		
treet Address		Atty	•••	State	Zip Code		
urpose of Expenditure by code)	Description		Event #		Amount		
xpenditure # f applicable)	None of the below Coordinated with reimburser	n Addendum Required unless "None ment sought (joint expenditure) rsement sought (in-kind contribution)	O Independent	_			
	O Coordinated Willout Tention	rseriere sought (in-kind contribution)	Organization: OA OB	Oc Ob			
ame of Vendor, Person o		iseried Sought (in-kind contribution)	Organization: OA OB		ransaction		
ame of Vendor, Person o		City	Organization: OA OB		Zip Code		
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treet Address	Description Type of Expenditure (Itemization in Oxono of the below Coordinated with reimburser	City n Addendum R Required unless "None	Event #	Date of T	Zip Code		
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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repo	ository)	TYPE OF REPOR	RT			
	S. Expenses Incurred by C	Committee but No	nt Paid During this Period				
Name of Creditor	or Engraves Investor of			Date Incom	fred		
Street Address		City		State	Zip Cođe		
Purpose of Expenditure (by code)	Description		Amount Incurred (Estmate or Actual)				
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checkedy None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D						
Name of Creditor				Date Incu	Date incurred		
Street Address		City	/	State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)		
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Name of Creditor				Date Incur	rred		
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Purpose of Expenditure (by code)	Description		Event #		nount Incurred simate or Actual)		
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		SUBTOTAL	Section S-This Page	·			
		TOTAL of addit	onal Section S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE D (Enter total		OD BUT NOT PAID of Summary Page Totals)				
	Previously reported	Expenses Unpaid a	nd still Outstanding				
/	TOTAL OF ALL EXPENSES INCUR (Enter total o		FEE BUT NOT PAID of Summary Page Totals)				

IV. EXPENDITURES (Sections P-T)

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Page	17	of	17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			ТҮРЕ	TYPE OF REPORT					
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Con	sultant	First			/	MI	Date of I Person o	ayment to Vi Entity	endor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Corported in Section P: Check #							_	Vorker/Const	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Eve	ent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense of Coordinated without reimbursement sought (in-kind)	nditure)	Independen Organizatio	יים. יים כ) () B () O			
Last Name of Worker/Cons	ullant	First				MI	Date of P Person or	ayment to Ve Entity	ndor,
					ported in	Section P.	urse Committee Worker/Consultant as P. O Debit Card OEFT		
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Ever	nt#				Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expent) Coordinated without reimbursement sought (in-kind)	nditure)	Independen	"O C) () ()			
Last Name of Worker/Cons	ultant	First	<u> </u>			MI	Date of P Person or	ayment to Ve Entity	endor,
repc			Payment to Reimburse Committee Worker/Consult reported in Section P. Check # O Debit Card			ltant as			
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City	V. ■ar sahv				State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Ever	nt#				A.mount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expen	diture)	the below" is che	10 C) С	СОВ			
SUBTOTAL Section T — This Page									
		TOTAL of addi	tional Section	T Pages					
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS AN	D CONSUL	TANTS					