SEEC FORM 20

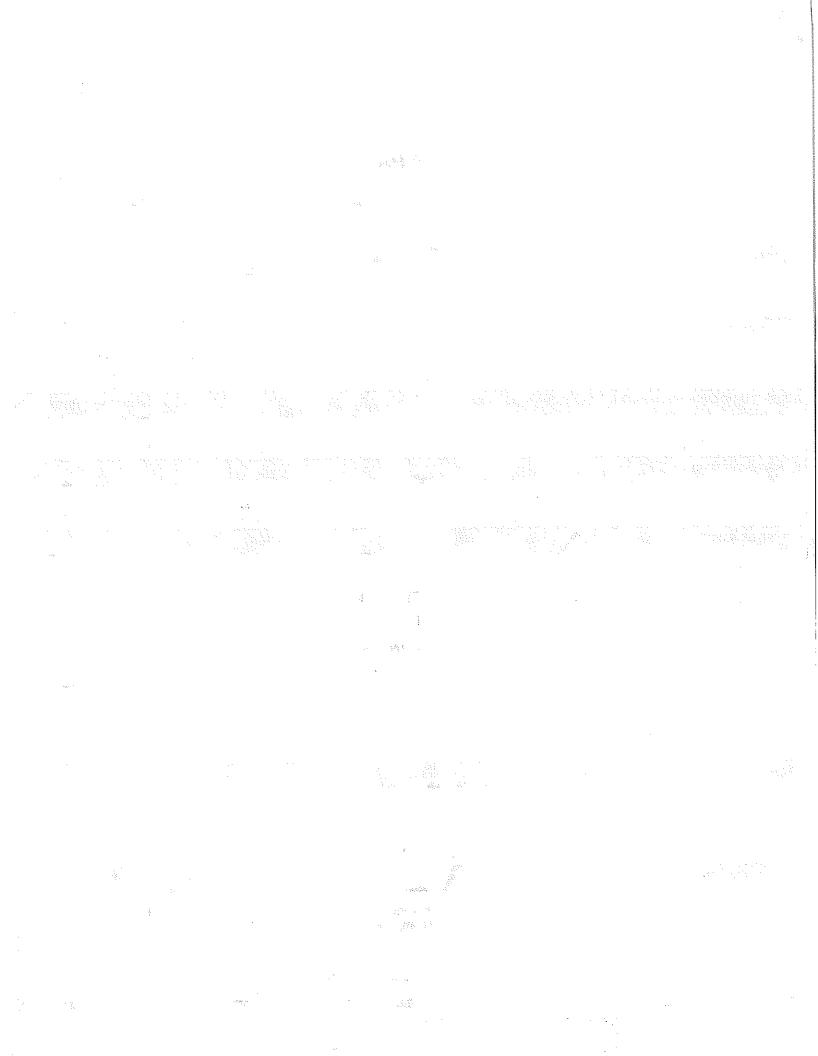
ttemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

Page 1 of 66 Do Not Mark in This Space For Official Use Only

	COV	ER PAG	ì E		Ţ.				
1. NAME OF COMMITTEE		216							
Lebron for Hartford					,				
2. TREASURER NAME				99					
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09/12/2023	Mayor	A. Carlotte							
7. CANDIDATE NAME (Carroleic extylit Carroleic extension e	urdicate os Exploratory Constitutes): Mi	Last				Suffix			
Nick		Lebron							
B. TYPE OF REPORT (Check Cric Box)		Control of the second of the s	Akaran da karan da k						
☐ January 10 filing	☐7th day preceding primary	☐7th day	preceding referendum		al Contribution o	or Disbursemer	nt		
April 10 filing	30 days following primary		following referendum	,	endment to				
July 10 filing	☐7th day preceding election	Deficit		*****	e of Report				
October 10 filing	12th day preceding election (State Central Committees Only)	☐ Termina	ition	-,	•				
24 Hour Independent Expenditure Primary Election	☐45 days following election need in November	ot							
C Time, C Lieston									
9. PERIOD COVERED			THE STATE OF THE S						
	Beginning Date		Ending Date						
	04/01/2023	thru	06/30/2023						
10. CERTIFICATION									
I hereby certify and state, under periodic Disclosure Statement for the periodic statement for the per	nalties of false statement, tha	at all of the info	ormation set forth on t	_{his} Itemiz	ed Campaigr	n Finance			
Lea G G	January Comments of the Commen	Dee	at. Juan			1.8.23			
TREASURER OR DEPUTY TREA	SURER (SIGNATURE)	PRINT NAME OF SIGNER DATE (mm/dd/yyyy)							

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



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SUMMARY PAGE TOTALS

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I. MONETARY RECEIPTS (Sections A - K)

Page 3 of 83

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Druz Maria										E.	
Residential Street Address City										Zip Code	
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Principal Occupation				——		Name of Employ	/er				
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I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE //P/01	ide Compl	ete Name	as Registered with Filing Reposi	itony)			2002	TYPE OF I	REPORT			
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Norman				Tani	qua							
Residential Street Address 4012 Windy Creek Dr				City State Zip Code Chesterfield VA 23832								
Principal Occupation Homemaker						Name of Employe Homemaker	er					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is ass t more than \$5,000?		d with ha		said municipali		Amour	nt of Contribution		
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ast Name First Cristofaro Victor										MI		
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Principal Occupation Principal		!		Name of Employ Hartford Publ								
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Last Name Mitchell				First Marl	Κ					МІ		
Residential Street Address 140-D Maple Ave. Unit D				City Hart	ford				State CT	Zip Code 06114		
Principal Occupation Associate Professor		\		ļ		Name of Employ George Maso			<u> </u>	j		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co.	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h		said municipali		Amou	nt of Contribution		
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I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	lete Nami	s as Registered with Filing Repos	(tosy)				TYPEOFI	REPORT	rage ou co
Lebron for Hartford								JUL10		· -
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ast Name First Ramos Rios Virginia										MI
Residential Street Address 76-66 Austin Street 5A				City Forest				State NY	Zip Code 11375	
Principal Occupation Substitute				<u></u>		Name of Employ	rer ment Services			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		for a ch I with ha	ief executive office	er of a municipality a said municipality	,	Amour	nt of Contribution
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Last Name Lucia				First Jessic	ca					MI
Residential Street Address 97 Lincoln Street				City Hartfo	ord				State CT	Zip Code 06106
Principal Occupation Assistant					- 1	Name of Employ	er		1	
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Page 6 of 83

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Last Name Weisenfeld				First Andr						Mi		
Residential Street Address				City					State	Zip Code		
4 Inningwood Rd					ining				NY	10562		
Principal Occupation Veterinarian						Name of Employe Yorktown Anii						
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I. MONETARY RECEIPTS (Sections A - K)

Page 7 of 83

NAME OF COMMITTEE (Provide	de Compl	ele Name	as Registered with Filing Repos	itory)				TYPE OF I	REPORT			
Lebron for Hartford						- Dicht Gring		JUL10				
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SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

Page 8 of 83

NAME OF COMMITTEE (Prov	ide Compl	ele Name	as Registered with Filing Reposi	(ory)			TYPEOFF	REPORT	rage our co		
Lebron for Hartford							JUL10				
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Devereux				Jeffrey							
Residential Street Address 1429 Park St, Apt 401				City Hartfor	'd			State CT	Zip Code 06106		
Principal Occupation Small Business Owner					Name of Empl BI&d	oyer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	oution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		with have a contract w		',	Amour	Amount of Contribution		
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Last Name Santana		***************************************		First Victoria	a				MI		
Residential Street Address 291 Buckingham Street				City Hartfor	rd			State CT	Zip Code 06106		
Principal Occupation Teacher					Name of Empl	-		1			
Is contributor a lobbyist, spouse, or dependent child of a tobbyist?	☐ Yes ☒ No	does cor	bution is in excess of \$400 to a ca intributor or business he/she is ass at more than \$5,000?	ndidate fo sociated v	with have a contract w	fficer of a municipality with said municipality	<i>(</i> ,	Amoui	nt of Contribution		
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Last Name Rodriguez				First Efraim					MI		
Residential Street Address 162 Park Street				City Hartfor	rd			State CT	Zip Code 06106		
Principal Occupation Owner		,			Name of Emp USA Prope	•					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		with have a contract v			Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ictor or prospective st thes Executive	ate contractor?	Yes No		100.00						
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	Credit/Debit	t Card	Payroll Deduction Money C	_	ate Received 6/08/2023	Aggregate Cont. 100.0					
			SUBT	OTAL	Section B - Th	is Page			450.00		
			TOTAL of	additi	onal Section I	3 Pages			24358.04		
TOTAL)F ALL		RIBUTIONS FROM INI						24,808.04		

I. MONETARY RECEIPTS (Sections A - K)

Page 9 of 83

NAME OF COMMITTEE (Prov.	ійе Сотріі	ate Name	as Registered with Filing Reposi	iony)			100 S27 A8137	TYPE OF I	REPORT			
Lebron for Hartford								JUL10				
A. Total Contribution (See Instructions for definition			l Contributors-Receiv			riod ONLY SECTION A	\$			0.00		
Last Name			B. Itemized Contrib	utio First	ns fro	m Individua	ls			MI		
Johnson				Sha	ri					1441		
Residential Street Address 97 Vine Street 209				City Hart	ford				State CT	Zip Code 06112		
Principal Occupation Pharmacy Technician				•		Name of Employe Trinity Health	er					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	does cor	nution is in excess of \$400 to a ca ntributor or business he/she is as: t more than \$5,000?		ed with ha		said municipality		Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Y.		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra		Executive [contractor? Legistative	☐ Yes ☒ No		20.00		
Method of Contribution: Cash Personal Check C	Special particular de la constanta de la const											
Last Name First Roberts Tasha										MI		
Residential Street Address				City				State	Zip Code			
64 Bates Street				Hari	ford	Ι			СТ	06114		
Principal Occupation						Name of Employ Hartford Heal						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h		said municipality		Amoui	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y¢		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	state contractor or prospective state contractor?					ŕ	5.00		
Method of Contribution: X Cash Personal Check C	redil/Debit	Card	Payroll Deduction Money C	Order	Date Re 05/07/		Aggregate Con 5.0					
Last Name Dormon				First Can	dice					Mi		
Residential Street Address				City		_			State	Zip Code		
26 Roydon Road Principal Occupation				ием	/ Haver	Name of Employ	OF.		СТ	06511		
Consultant						Self employe						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		ed with h		said municipalit		Amoui	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ed in Section L1? V No									800.00		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money C	Order	Date Ro 04/20		Aggregate Con 850.					
			SUBT	OTA	L Sec	tion B - This	Page		•	825.00		
			TOTAL of	add	itiona	Section B	Pages			23983.04		
TOTAL O	FALL		RIBUTIONS FROM INI					***************************************		24,808.04		

Page 10 of 83

NAME OF COMMITTEE /Prop	ide Compl	ele Name	as Registered with	Filing Reposi	tory)			TY	PEOFF	REPORT		
Lebron for Hartford								JU	L10			
A, Total Contribution (See Instructions for definition		Part Service		3630 630 630 6276	19 19 19 19	200	riod ONLY SECTION A	\$			0.00	
				V 25 25 25 25 25 25 25 25 25 25 25 25 25				70 TE 100 TE				
			3. Itemize	d Contrib			m Individua	ls				
Last Name Ortiz					First Abn						Mi	
						-		, , , , , , , , , , , , , , , , , , ,				
Residential Street Address 235 Farmington Avenue					City Harl	ford				State CT	Zip Code 06105	
			······································				Name of Employ			<u> </u>	00103	
Principal Occupation							Name of Employ DHL	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	oution is in excess of ntributor or business it more than \$5,0007	he/she is ass	ndidat sociate	ed with ha	I nief executive offic ave a contract with Yes XN	said municipality		Amount of Contribution		
Is this contribution associated with	Y.	es	Is contributor a prir				prospective state	contractor?	Yes			
an event reported in Section L1? If yes, list Event #	IVINO I DIVINO I VINO I										218.53	
Method of Contribution: Date Received Aggregate Contributions												
☐ Credit/Debit Card Payroll Deduction Money Order 06/23/2023 1,000.00												
Last Name					First					gala tan meneraka	MI	
Maria Diaz Ines												
Residential Street Address					City			····		State	Zip Code	
181 Oakwood Avenue					Wes	t Hartfe	ord			CT	06119	
Principal Occupation Name of Employer												
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	outlon is in excess of ntributor or business at more than \$5,000?	he/she is as:		ed with h		said municipality		Amour	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?	Y. ⊠N		ls contributor a prir	which branch	or bra	tractor o	prospective state	contractor?	Yes No		40.00	
If yes, list Event #	120.1		of government t	the contract is	with:	l p.u. p.		L.J GOGISIAGIO				
Method of Contribution: X Cash ☐ Personal Check ☐ C	redit/Dehit	Card	Payroll Deduction	Money O	rder	Date Re 06/03/		Aggregate Contribut 40.00	ions			
Last Name	,00,0000				First	1					MI	
Williams					Patr							
Residential Street Address					City					State	Zip Code	
154 Collins Street Apartmer	nt C2				Har	lford				CT	06105	
Principal Occupation							Name of Employ	rer				
Community School Director							Catholic Cha	rities Archdiocese	of Har	tford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	oution is in excess of htributor or business at more than \$5,0007	he/she is ass		ed with h		n said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	N 🔀	Yes Is contributor a principal of a state contractor or prospective state contractor?							25.00			
Method of Contribution:						Date Re	eceived	Aggregate Contribut	ions			
Cash Personal Check CC	redit/Debit	Card 🗀	Payroll Deduction	☐Money O	rder	06/25/	2023	125.00				
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TOTALO	F ALL		RIBUTIONS F (Enter total on L								24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

Page 11 of 83

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NAME OF COMMITTEE (Pro-	vide Compl	ete Name	as Registered with Fill	ng Fleposi	(ory)				TYPE OF F	REPORT	
Lebron for Hartford								J	JUL10		
A. Total Contribution (See Instructions for definition							riod ONLY SECTION A	\$			0.00
	<u> </u>									****	
			B. Itemized C	>ontrib	One See !		m individua	ils			
Last Name Vargas					First Ama			-			MI
Residential Street Address					City					State	Zip Code
26 Paley Farm Road					Portl	land	CT	06480-1021			
Principal Occupation					<u></u>		Name of Employ	yer			
Attorney			<u></u>				VCW Law Fir				
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?										Amour	nt of Contribution
Is this contribution associated with		es	ls contributor a princip	al of a sta	ite con		-		Yes		
an event reported in Section L1? If yes, list Event #	vent reported in Section L1? If yes, indicate which branch or branches										100.00
Method of Contribution: Date Received Aggregate Contributions											
□ Cash □ Personal Check ☑ Credit/Debit Card □ Payroll Deduction □ Money Order 06/19/2023 100.00											
Last Name		<u> </u>			First						MI
Martir				ļ	Joel					İ	
Residential Street Address					City					State	Zip Code
693 Park Street Hartford CT 06106											06106
Principal Occupation Name of Employer											
Owner Hip Stop											
Is contributor a lobbyist, spouse,	Yes		bution is in excess of \$40						-	Amour	nt of Contribution
or dependent child of a lobbyist?	No		ntributor or business he/ at more than \$5,000?	/she is ass	sociate		ave a contract with ☐Yes		1		
Is this contribution associated with		es	Is contributor a princip	ual of a sta	ite con			***************************************	Yes		
an event reported in Section L1? If yes, list Event #	X N		If yes, indicate which of government the control			nches	☐ Executive	Legislative	⊠ No		1,000.00
Method of Contribution:			or government and	- Villiau	KA11	Date Re		Aggregate Contrib		1	
Cash Personal Check C	Credit/Debit	Card [Payroll Deduction]Money C)rder	05/13/		1,000.0			
Last Name					First	<u> </u>					МІ
Gracia					Priso						, and the second
Residential Street Address					City					State	Zip Code
45 Glenwood Street					Man	ncheste	r		!	СТ	06040
Principal Occupation		2-				-	Name of Employ	ver			<u> </u>
Student							Student	-			
Is contributor a lobbyist, spouse,	Yes	If contril	bution is in excess of \$40	00 to a ca	ndidat	e for a cl		cer of a municipality,		Amour	nt of Contribution
or dependent child of a lobbyist?	∐ Yes ∑No	does cor	ntributor or business he/ at more than \$5,000?			ed with ha		h said municipality			
Is this contribution associated with	Y	<u> </u>	Is contributor a principa	val of a sta	te cor				Yes	•	
an event reported in Section L1?	N		If yes, indicate whic	ch branch	or brai	inches	_ :	_	∑ No		100.00
If yes, list Event # Method of Contribution:			of government the	contract is	WIII).			Legislative		-	
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	Noney C)rdet	Date Re 06/30/		Aggregate Contrib			
	Tours =										
	, and a			SUBT	ATC	L Sec	tion B - This	Page			1,200.00
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TOTALO	IF ALL		RIBUTIONS FRO								24,808.04

EEC FORM 20 evised January 2015		. MONETARY R	EC	EIPT	S (Section	ns A - K)			Page 12 of 83
NAME OF COMMITTEE (Provide Comp	lete Name	as Registered with Filing Repost	tory)		in the same of	T	PE OF F	EPORT	00 mg - 10 mg
_ebron for Hartford						JU	JL10		
A. Total Contributions from (See instructions for definition of Small					riod ONLY SECTION A	\$			0.00
						### E		***************************************	
		B. Itemized Contrib	uitio	ns fro	m Individual				
Last Name		e, nomeca comane	First						MI
McNair			Willi	am					
Residential Street Address 128 Oxford St			City Hart	ford				State CT	Zip Code 06105-2514
Principal Occupation Name of Employer Samous carpenter Self									
s 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?		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	tractor o	prospective state		Yes No		250.00
Method of Contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debi	Aggregate Contribu 250.00	itions							
Last Name	terteration the transfer	2000 100 100 100 100 100 100 100 100 100	First						MI
Powell			Josi	hua					
Residential Street Address 501 S Lake Dasha Dr	•		City Plar	ntation	Zip Code 33324				
Principal Occupation			!		Name of Employe	∍ r			1
Software Engineer					Excella				
s contributor a lobbylst, spouse, or dependent child of a lobbylst?	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	anches		contractor?	Yes No		250.00
If yes, list Event #Method of Contribution:		or government the contract to		Date Re		Aggregate Contribu	utions		
Cash Personal Check Credit/Debi	t Card	Payroll Deduction Money C	Order	05/18	/2023	1,250.00)		
Last Name Polinsky		3-200	First Jeff						MI L.
			<u> </u>					State	Zip Code
Residential Street Address 4 Lancaster Court			Avo					CT	06001
Principal Occupation Attorney					Name of Employ Polinsky Law				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	bution is in excess of \$400 to a ca intributor or business he/she is as at more than \$5,000?		ed with h		said municipality		Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	ntractor o	r prospective state		Yes No		200.00
Method of Contribution: ☐ Cash ☑ Personal Check ☐ Credit/Deb.	t Card	Payroll Deduction Money C	Order	Date Re 05/10		Aggregate Contribe			
			OT/A	L Sec	tion 8 - This	Page		L	700.00
		TOTAL of	ado	litiona	Section B	Pages		•	24108.04
TOTAL OF ALL	CONT	RIBUTIONS FROM INI (Entertotal on Line 1/3, Col							24,808.04

Page 13 of 83

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	ng Reposik	оту)		TYI	PEOFF	EPORT	Page 1001 00	
Lebron for Hartford				JU	L10			
A. Total Contributions from Small Contributors-R (See Instructions for definition of Small Contributor)			riod ONLY SECTION A	\$	With the second		0.00	
B. Itemized C		u tions fro Firsl	m Individua	ls			MI	
Gardner		Judy			ĭ			
Residential Street Address 47 Seneca Road		City West Hartfo	ord			State CT	Zip Code 06117	
Principal Occupation Executive Director			Name of Employ Town of Staff					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		Amoun	nt of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of government the contribution:	Yes No		25.00					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐			2023	25.00			I	
Last Name Gary		First Albert					MI	
Residential Street Address 189 Kenyon Street		City Hartford				State CT	Zip Code 06105	
Principal Occupation Project manager,	·.···		Name of Employ Self	er	l			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?		ociated with ha		said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of government the contributor as principal of government the governme	ch branch d	or branches			Yes No	250.00		
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Last Name Mortir		First Aida					Mi	
Residential Street Address 221 Sisson Avenue		City Hartford				State CT	Zip Code 06105	
Principal Occupation Worker	,-		Name of Employ Celebrations				,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		ociated with ha		said municipality		Amour	nt of Contribution	
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TOTAL OF ALL CONTRIBUTIONS FRO							24,808.04	

Page 14 of 83

NAME OF COMMITTEE (Pro)	vide Comp	lete Nami	e as Registered with Filing Repos	itory)			j	TYPE OF F	REPORT	
Lebron for Hartford	***************************************						J	JUL10		
A. Total Contribution (See instructions for definition		100	II Contributors-Receive	The second second		riod ONLY SECTION A	\$			0.00
			B, Itemized Contrib	utio	ins fro	m Individua	ls			
Last Name	200 To 250			First	922 and 192 and 192 and 192			Section Section Control of the Contr		MI
Mujavar				Abra	ar					
Residential Street Address				City			<u> </u>		State	Zip Code
44 Racebrook Drive A				Eası	t Hartfo	rd			CT	06108
Principal Occupation					•	Name of Employ	er			
Student		T			!	Student			T	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes X No										nt of Contribution
Is this contribution associated with	Y		Is contributor a principal of a sta			prospective state	contractor?	Yes		500,00
an event reported in Section L1? If yes, list Event #	event reported in Section L1? If yes, indicate which branch or branches									
Method of Contribution: Date Received Aggregate Contributions										
Cash Personal Check CC	redit/Debit	Card	Payroll Deduction Money O)rder	06/21/	2023	500.00)		
Last Name				First						MI
Seidi				Kha	dija					
Residential Street Address				City					State	Zip Code
196 Laurel Street				Hart	tford		· · · · · · · · · · · · · · · · · · ·		СТ	06105
Principal Occupation				-		Name of Employ				
Lpn Kimberly hall										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality	!	Amour	nt of Contribution
Is this contribution associated with	Y	/es	Is contributor a principal of a sta			r prospective state	contractor?	Yes		50.00
an event reported in Section L1? If yes, list Event #	. XN	10	If yes, indicate which branch of government the contract is			☐ Executive	Legislative	X No		50,00
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Last Name				First						М
Dodge				Dalla	as				·	
Residential Street Address				City					State	Zip Code
188 Westmont			<u>, </u>	Wes	st Hartfo	ord			CT	06117
Principal Occupation					!	Name of Employ	/er			
Consultant						Rog & Lesg			т	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?	ndidat sociate	ed with ha	hief executive offic ave a contract with Yes XN	h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Y	/es	Is contributor a principal of a sta			r prospective state	e contractor?	Yes	1	250.00
If yes, list Event #	_ \	10	If yes, indicate which branch of government the contract is			Executive	Legislative	X No		250.00
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Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money O)rder	05/01/	′2023	350.00)	<u></u>	· · ·
	al alt iv		SUBT	OTA	L Sec	tion B - This	i Page			800.00
	in the second		TOTAL of	add	iitiona	l Section B	Pages			24008.04
TOTAL C	IF ALL		RIBUTIONS FROM IND (Enter-total on Line 13, Coll							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 15 of 83

NAME OF COMMITTEE (PIO	vide Comp	lele Nami	as Registered with	Filing Repos	ilory)		- 1770 SUP		TYPE OF I	HEPORT	
Lebron for Hartford								,	JUL10		
A. Total Contributio							TOU ONLY	\$			0.00
			<u> </u>		- Confeed		<u> CEOHOLA</u>				· · · · · · · · · · · · · · · · · · ·
			B, Itemized	I Contrib	utio	ns fro	m Individua	ils			
Last Name Botta					First					·•	MI
					Katy					Γ_	
Residential Street Address 92 Spring Garden St					City Ham	nden				State CT	Zip Code 06517
Principal Occupation					110471		Name of Employ	lor			00317
Director of Outreach							Name of Employ Seedlings Ec	lucators Collab	orative		
		If contrib	nution is in excess of	\$400 to a ca	ndidat	e for a ch	···			Amour	nt of Contribution
or dependent child of a lobbyist?	officious a followist, spouse, test the second state of the second									,,,,,,	a or contribution
Is this contribution associated with	Y	es	Is contributor a prin	•					Yes		
If yes, list Event #	/ent reported in Section L1? If yes, indicate which branch or branches Signature 25.00										25.00
Method of Contribution:											
☐ Cash ☐ Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction	Money O	rder	06/08/	2023	25.00)		
Last Name	geografia e e e e e e e e e e e e e e e e e e e				First					lean-generalis	MI
Brice					Ulric	k					
Residential Street Address	tial Street Address City State Zip Code										
447 Tunxis Ave	447 Tunxis Ave Bloomfield CT 06002										06002
Principal Occupation							Name of Employ	/er			, ,, ,,,,
Logistics Officer							Army				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality	1	Amour	nt of Contribution
Is this contribution associated with	ΩY	es	Is contributor a prin	ncipal of a sta	te con	tractor or			Yes		
an event reported in Section L1? If yes, list Event #	X	lo	If yes, indicate w			nches	☐ Executive	Legislative	X No		25.00
Method of Contribution:						Date Re		Aggregate Contri	butions	{	
☐ Cash ☐ Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction	Money O	rder	04/02/	2023	125.0			
Last Name			**************************************		First						MI
Yennie					Hya	cinth					
Residential Street Address					City					State	Zip Code
190 Cheshire Street					Hart	ford				СТ	06114
Principal Occupation							Name of Employ	/er		1	•
Retired							Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amoui	nt of Contribution
Is this contribution associated with	Y	es.	Is contributor a prin	ncipal of a sta	te con			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes		
an event reported in Section L1?	⊠ N		If yes, indicate w	vhich branch	or bra		_	Legislative	X No		50.00
If yes, list Event #			or government to	no comiaci is	With i.	Date Re		Aggregate Contri		<u> </u>	
Cash Personal Check	redit/Debit	Card	Payroll Deduction	☐Money O	rder	04/28/		50.00			;
				SUBTO	ATC	L-Sect	ion B - This	Page		.	100.00
			recognition of the To	OTAL of	add	ltional	Section B	Pages			24708.04
TOTAL C	FALL		RIBUTIONS F (Enter total on Li								24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 16 of 83

									10.6 miles (10.10			
NAME OF COMMITTEE (Pro-	lde Compl	ete Name	as Registered with Filing Reposi	itory)			T	YPE OF F	REPORT			
Lebron for Hartford		********					JI	JL10				
A. Total Contributio			II Contributors-Receive			riod ONLY SECTION A	\$			0.00		
en en en en en en en en en en en en en e			B. Itemized Contrib	utio	ns fro	m Individua	ls					
Last Name			* Commence	First						MI		
Feliciano ————————				Mari	ıа ———				<u> </u>			
Residential Street Address 60 Locust Street 1st FL				City New	v Britain	1			State CT	Zip Code 06051		
Principal Occupation				•		Name of Employ	er		····			
Advocate						Disability Rigi	hts Connecticut		r			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes No Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes X No										nt of Contribution		
is this contribution associated with an event reported in Section L1?		1	Is contributor a principal of a sta			r prospective state	contractor?	Yes	}	100.00		
If yes, list Event #	YIND XIND XI NO.									100.00		
Method of Contribution:					Date Re		Aggregate Contribu	ıtions				
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction Money C	_	06/07/	/2023	100.00					
Last Name Acosta				First Mari						MI		
				 						7i- Codo		
Residential Street Address 116 Brown Street				City Hart					State CT	Zip Code 06114		
Principal Occupation	,					Name of Employ	rer					
Retired						Retired						
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is as: at more than \$5,000?		ed with ha		h said municipality		Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1?	Y	es	Is contributor a principal of a sta			r prospective state	contractor?	Yes	1	25.00		
If yes, list Event #	XN	:O	If yes, indicate which branch of government the contract is			Executive	Legislative	X No		25.00		
Method of Contribution:					Date Re		Aggregate Contribu	utions				
Cash Personal Check C	redit/Debit	Card _	Payroll DeductionMoney C		05/17/	/2023	25.00		<u> </u>			
Last Name				First Erin						MI		
Singleton				 					1 01-10	7in Coda		
Residential Street Address 140 Roydon Road				City New	v Haver	n			State CT	Zip Code 06511		
Principal Occupation				ļ,	• • • • • • • • • • • • • • • • • • • •	Name of Employ				100011		
Program Manager						Yale Universi						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with h		h said municipality		Amou	nt of Contribution		
Is this contribution associated with		<u> </u>	Is contributor a principal of a sta	ate cor				Yes	1			
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate which branch of government the contract is	or bra	anches		Legislative	_ No		15.00		
Method of Contribution:						eceived	Aggregate Contrib	utions	1			
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction Money C	Order	06/08	/2023	15.00					
			SUBT	OTA	L Sec	tion B - This) Page			140.00		
			TOTAL of	adló	litiona	l Section B	Pages			24668.04		
TOTAL C	FALL		REUTIONS FROM IN							24,808.04		

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

Page 17 of 83

NAME OF COMMITTEE (Provide Complete	le Name as Registered with Filing Reposi	ilory)		To the second second	YPE OF F	REPORT	Page 17 01 03	
Lebron for Hartford				J١	UL10			
A, Total Contributions from S (See Instructions for definition of Small Co			riod ONLY SECTION A	\$	PARENT AND PARENT AND	nicontrol and a second	0.00	
Last Name	B. Itemized Contrib	ju tions fro First	ım Individua	İs			MI	
Powell		Joshua						
Residential Street Address 501 S Lake Dasha Dr		City Plantation				State FL	Zip Code 33324	
Principal Occupation Software Engineer			Name of Employe Excella	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amoun	nt of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution:	this contribution associated with event reported in Section L1? If yes, list Event #							
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money O	order 06/21/		1,250.00				
Last Name Bellon		First Migdalia				:	MI	
Residential Street Address 41 West Beacon Street		City West Hartfo	ord	State CT	Zip Code 06119			
Principal Occupation Retired	•		Name of Employe	er				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a car does contributor or business he/she is ass valued at more than \$5,000?	sociated with ha		said municipality		Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Maria de disente a del de la contra dela contra de la contra dela contra de la contra del la contra	or branches s with:	Executive [Yes No	60.00			
Method of Contribution: Cash Personal Check Credit/Debit Ca	card Payroll Deduction Money O		eceived /2023	Aggregate Contribu 65.00	utions			
Last Name Ortiz		First Chassity					MI	
Residential Street Address 235 Farmington Avenue		Cily Hartford				State CT	Zip Code 06105	
Principal Occupation Pharmacy Tech		<u> </u>	Name of Employ					
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a car does contributor or business he/she is ass valued at more than \$5,000?	sociated with ha		n said municipality		Amour	nt of Contribution	
an event reported in Section L1? If yes, list Event #No	Is contribution associated with exported in Section I.1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes							
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Credit/Debit Ca	Card Payroll Deduction Money O	Date Re Order 06/26/		Aggregate Contribution 1,000.00				
	SUBTO	OTAL Sec	tion B - This	Page			910.00	
	TOTAL of	additiona	l Section B I	Pages			23898.04	
TOTAL OF ALL C	ONTRIBUTIONS FROM IND						24,808.04	

Page	18 of	83
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NAME OF COMMITTEE (P/O)	ride Gompl	ete Name	as Registered with Filing Repos	itory)			TYF	EOFF	EPORT	
Lebron for Hartford							JUI	L10		900-04-11-11-11-11-11-11-11-11-11-11-11-11-11
A. Total Contribution (See Instructions for deligible)			l Contributors-Receiv or)			riod ONLY SECTION A	\$	remotestamen in divisit	ndirikteriske kristike skila	0.00
Last Name			B. Itemized Contrib	OUI(C	Anton Maria	malndividua	ls			MI
Crespo				Ped	ro or					
Residential Street Address				City					State	Zip Code
616 Broadview Terrace				Hari	lford				CT	06106
Principal Occupation				-		Name of Employ	er	1		. ,
Retired						Retired				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No									Amour	nt of Contribution
Is this contribution associated with	Y	es	Is contributor a principal of a sta			r prospective state	contractor?	Yes		
an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No										100.00
Method of Contribution: Date Received Aggregate Contributions										
□ Cash □ Personal Check ☑ Credit/Debit Card □ Payroll Deduction □ Money Order 04/03/2023 100.00										
Last Name				First						MI
Quinones Maraselis										
									Zip Code	
New Haven CT										
Principal Occupation Name of Employer										
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		ed with h		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	 Y [∑]		Is contributor a principal of a sta If yes, indicate which branch of government the contract	or bra	anches	_	_	☐ Yes ☑ No		5.00
Method of Contribution:			or government the contract	· · · · · · · · · · · · · · · · · · ·	Date Re		Aggregate Contributi	ons		
X Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money	Order	06/29		5.00			
Last Name				First	<u> </u>					MI
Nunez				Pau	ıl					
Residential Street Address				City					State	Zip Code
70 Marvel Rd				Nev	v Have	1			CT	06515
Principal Occupation Lobbyist						Name of Employ Depino Nuñe				
Is contributor a fobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does co	oution is in excess of \$400 to a contributor or business he/she is as at more than \$5,000?		ed with h		n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Yes							150.00	
Method of Contribution:			1		Date R	eceived	Aggregate Contributi	ions		
Cash Personal Check CC	redit/Debit	Card L	Payroll Deduction Money	Order	06/28	/2023	250.00			
			SUBT	OTA	L Sec	tion B - This	Page			255.00
						l Section B l				24553.04
TOTALO)F ALL		RIBUTIONS FROM IN (Enter total on Line 13, Co							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 19 of 83

NAME OF COMMITTEE - (Provi	idē Сотрі	ele Nam	e as Registered with Filing Repos	itory)				TYPE OF I	REPORT	rage 1301 60
Lebron for Hartford								JUL10		
A. Total Contribution (See instructions for definition			II Contributors-Receive			riod ONLY SECTION A	\$		Maria Maria	0.00
										w
			B, Itemized Contrib	utio	ns fro	m Individua	ıls			
Last Name Pedraza				First Jess	senia					MI
Residential Street Address				City		<u>, , , , , , , , , , , , , , , , , , , </u>			State	Zip Code
19 Stedman Street				Hart				l	CT	06114
Principal Occupation						Name of Employ	- /eг		<u> </u>	
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?										nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor? Yes VNo VI yes, indicate which branch or branches									15.00
Method of Contribution:					Date Re		Aggregate Conti		-	
☐ Cash ☐ Personal Check 🗵 Cre	edit/Debit	Card	Payroll Deduction Money O	rder	06/03/	2023	15.0			
Last Name				First		amony and a second				MI
McGill				Tyre						
Residential Street Address 250 Sigourney Street			,	City Hart				ĺ	State	Zip Code
				Пан	loia				СТ	06105
Principal Occupation					1	Name of Employ	er			
	☐Yes ∑No	does cor	bution is in excess of \$400 to a cap ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y€		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	nches	prospective state		Yes No		5.00
Method of Contribution:			_		Date Re	eceived	Aggregate Contr	ributions		
Cash Personal Check Cre	edit/Debit	Card	Payroll Deduction Money O	,	06/30/	2023	5.00)		
Last Name Fair				First						MI
				Lisa						
Residential Street Address 112 Helaine Road				City Man	nchester	r		,	State CT	Zip Code 06042
Principal Occupation				IVIC.	Once	Name of Employe	135		<u> </u>	U0042
Recruiter						Agile Defense				
	☐ Yes ※ No	does cor	bution is in excess of \$400 to a car intributor or business he/she is ass at more than \$5,000?	ndidate sociate	te for a ch	ief executive office	cer of a municipality	/,	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No									50.00	
Method of Contribution:	- 5.u		· · · · · · · · · · · · · · · · · · ·		Date Re		Aggregate Contr			
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14.5 B			SUBTO	ATC	L Sect	ion B - This	Page			70.00
			100		900	Section B F				24738.04
TOTAL OF	ALL (RIBUTIONS FROM IND (Enter total on Line 13: Cold							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page	20 of	83
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NAME OF COMMITTEE (Provide	de Compli	ite Name	ás Registered with Filing Réposi	tory)			n in the second	YPE OF F	EPORT		
Lebron for Hartford							JU	JL10	~~~		
A. Total Contribution (See Instructions for definition			ll Contributors-Receive வ)			riod ONLY SECTION A	\$			0.00	
Last Name			B. Itemized Contrib	(U tio) First		m Individua	ls			MI	
Meade				Rodr					1		
Residential Street Address 106 Lebanon Street			1	City Hartl					State CT	Zip Code 06112	
Principal Occupation				_		Name of Employe	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amoun	nt of Contribution								
Is this contribution associated with an event reported in Section L1? If yes, list Event #	5.00										
Method of Contribution: Date Received Aggregate Contributions											
Last Name Ortiz				First Abne						MI	
Residential Street Address 141 Woodland Street				City					State CT	Zip Code 06105	
Principal Occupation Retired			I	- 		Name of Employe	er				
		does cor	bution is in excess of \$400 to a car intributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event II	□Ye ☑No	1	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or brai	anches		contractor?	Yes No		825.00	
Method of Contribution: Cash Personal Check Cr	redit/Debit	Card	Payroll Deduction Money C)rder	Date Re 06/26/		Aggregate Contribu				
Last Name Cohen				First Laur						МІ	
Residential Street Address 42 Tumblebrook Road				City	odbridge	le			State CT	Zip Code 06525	
Principal Occupation				<u> </u>	-	Name of Employe	/er	i		00020	
	M les	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?	ndidat sociat	led with ha	hief executive office ave a contract with Yes XN	h said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	t reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative No								4	25.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☑ Cr	redit/Debit	Card	Payroll Deduction Money O	Order	Date Re 06/08/		Aggregate Contribu 25.00	itions			
			SUBTO	OTA	L Sec	tion B - This	. Page			855.00	
			TOTAL of	add	litiona	Section B	Pages			23953.04	
TOTALO	FALL		RIBUTIONS FROM IND (Entertotation Line 13, Cold							24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

Page 21 of 83

NAME OF COMMITTEE (Provi	de Compl	ete Nami	as Registered with F	lling Reposi	lony)				TYPE OF F	SEPORT	16 19 19 19 19 19 19 19 19 19 19 19 19 19
Lebron for Hartford			75/25/4/04/2						JUL10		
A. Total Contribution (See Instructions for definition							riod ONLY SECTION A	\$			0.00
			- B. Itemized	Contrib		ns fro	m.Individua	ils			u la company
Last Name Brown					First Willi	am					Mi M.
Residential Street Address					City		- \ 		_	State	Zip Code
77 Hartford Avenue					Hart	ford				СT	06106
Principal Occupation Retired							Name of Employ Retired	/er		ı	
Is contributor a lobbyist, spouse,	Yes		ution is in excess of \$				ief executive offic			Amour	nt of Contribution
	⊠ No		ntributor or business h t more than \$5,000?	ne/she is ass	sociate		ave a contract with Yes X\				
Is this contribution associated with an event reported in Section L1?	□ Y		Is contributor a princ	•			prospective state	contractor?	Yes		25.00
If yes, list Event #	XN	0	If yes, indicate wi of government th			ncnes	Executive	Legislative	X No		25.00
Method of Contribution:						Date Re		Aggregate Con			
Cash Personal Check Cr	edit/Debit	Card	Payroll Deduction	∭Money O	rder	04/28/	2023	25.0	00		
Last Name					First						МІ
Pilgrim	***				Andı	rew					
Residential Street Address					City					State	Zip Code
21 Woodland Drive					Hart	ford				СТ	06105
Principal Occupation							Name of Employ	/er			
	 ∏Yes ∑No	does cor	ution is in excess of \$ ntributor or business f t more than \$5,000?			ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	□Y		Is contributor a princ			tractor or			Yes		5.00
If yes, list Event #	X	0	If yes, indicate wi of government th			ncnes	☐ Executive	Legislative	X No		5.00
Method of Contribution:						Date Re	ceived	Aggregate Con	ributions		
Cash Personal Check Cri	edit/Debit	Card	Payroll Deduction	Money O	rder	06/29/	2023	5.0	0		
Last Name					First						М
Schooley					Scot	t					
Residential Street Address					City					State	Zip Code
6 Woodside Circle					Hart	ford				СТ	06105
Principal Occupation							Name of Employ	/er			
Investment							Woodside Ca	apital Manage	ment, LLC		
	☐ Yes ∑No	does cor	ution is in excess of \$ htributor or business t t more than \$5,000?			ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with	□Y	es	Is contributor a princ	cipal of a sta	te con				Yes		
an event reported in Section L1? If yes, list Event #	\boxtimes		If yes, Indicate wi of government th	hich branch	or bra			Legislative	∑ No	l	250.00
Method of Contribution:			or government is	o comitaci ic	*******	Date Re	·	Aggregate Con			
Cash Personal Check Cr	edit/Debit	Card	Payroll Deduction	☐Money O	rder	06/30/		250.			
				SUBT	OTA	L Sect	ion-B - This	Page			280.00
			TIG	OTAL of	add	itional	Section B	Pages			24528.04
TOTAL OF	ALL		RIBUTIONS FR							····	24,808.04

Page 22 of 83

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NAME OF COMMITTEE (Prov	ride Compi	ete Name	as Registered with Filing Repos	ilory)			10 th	YPEOF	REPORT	
Lebron for Hartford							J	UL10		
A. Total Contribution (See instructions for definition	Secretary and the secretary an	and the second second	l Contributors-Receiv			riod ONLY SECTION A	\$			0.00
			B. Itemized Contrib	utio	ns fro	m Individua	ils .			
Last Name			5.2	First		4.				MI
Cartagena					da Ma	arie	<u> </u>			
Residential Street Address 28 Pine Grove Rd				City Bloor	mfield				State CT	Zip Code 06002
Principal Occupation CEO				<u> </u>	1	Name of Employ Coach Brenc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		d with h		h said municipality		Amour	nt of Contribution
Is this contribution associated with	Y.	es	Is contributor a principal of a sta	ate cont				Yes		
an event reported in Section L1? If yes, list Event #	×Ν		If yes, indicate which branch of government the contract is		nches	Executive	Legislative	X No		50.00
Method of Contribution:		****	<u> </u>		Date Re		Aggregate Contrib			
Cash Personal Check XC	redil/Debit	Card	Payroll Deduction Money C	Order	06/25	/2023	50.00			<u></u>
Last Name Morales				First	. !					MI
				Ange					Ciala	Zin Code
Residential Street Address PO Box 261132				City Hartf	ford				State CT	Zip Code 06106
Principal Occupation						Name of Employ	yer			
Outreach Liaison		If contrib	oution is in excess of \$400 to a ca	ndictate	o for a of	Mdc	per of a municipality		Amour	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes X No	does cor	ntributor or business he/she is as at more than \$5,000?		d with h		h said municipality		Amour	it of contribution
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a sta			r prospective stat	e contractor?	Yes		10.00
If yes, list Event #	N	·O	of government the contract is			Executive	Legislative	No No		10.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	rodit/Dobit	Card C	Payroll Portuction Money (- 1	Date Re 05/23		Aggregate Contrib			
Last Name	1edis Debit	Calu _	J Payton Deduction Involvey C	First			10.00			MI
Stephens				Katri						
Residential Street Address				City					State	Zip Code
30 Brown Street				Harti	ford				СТ	06114
Principal Occupation						Name of Emplo Catholic cha	•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		d with h	ave a contract wit	h said municipality		Amou	nt of Contribution
Is this contribution associated with	Y	<u> </u>	Is contributor a principal of a sta	ate conf		Yes XI		Yes	-	
an event reported in Section L1? If yes, list Event #	X N		If yes, indicate which branch of government the contract i	or brai			Legislative	∑ No		20.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	radit/Dahit	. Cam L	Payrall Back Indian Manage)rdor	Date Re 06/25	eceived /2023	Aggregate Contrit			
Cash Personal Creck MC	redivideoit	Valu [_				tion B - Thi			<u> </u>	80.00
						l Section B		••••		24728,04
TOTAL)F ALL	CONT	RIBUTIONS FROM IN							
			/Entertotal on Line 13: Co.							24,808.04

Page 23 of 83

NAME OF COMMITTEE (Prov	ide Comp	lete Name	as Registered with Filing Rep	ository)			Ţ)	PE OF F	EPORT	
Lebron for Hartford							JU	JL10		
A. Total Contribution		100					\$	41.		0.00
(See instructions for definition	n of Small	Contribute	or)	SUE	TOTAL	SECTION A	S	·····		
A A I Company			B. Itemized Contr		And the second	m Individua	ls .			l & at
Last Name Sanchez				Firs Rob						MI
Residential Street Address				City					State	Zip Code
269 Washington Street 3rd	FI			1 1	v Britair	1			CT	06051
Principal Occupation						Name of Employ	er			
State Representative						State of Conr	necticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	oution is in excess of \$400 to a ntributor or business he/she is t more than \$5,0007		ed with h		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	 		Is contributor a principal of a If yes, indicate which bran	ch or br	anches		_	Yes No		250.00
If yes, list Event #	. بها		of government the contrac	t is with.		·····	Legislative			
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redil/Dehi:	t Card	Payroll Deduction Mone	. Order	Date Re 05/18/		Aggregate Contribu 250.00	tions		
Last Name	TOURY DOC.	10aia	Traylon Docadonon	Firs					·····	MI
Ortiz			·		nshine					N
Residential Street Address				City					State	Zip Code
18 Essex St				1 *	tford				СТ	06114
Principal Occupation						Name of Employ	er		l	
Account Manager Customer	Service	Э				Central Pape	r co			
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	☐Yes ☑No	does cor	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?		led with h		said municipality		Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a			r prospective state	contractor?	Yes		315.00
If yes, list Event #	M.	чo	of government the contrac			☐ Executive	Legislative	X No		
Method of Contribution:			·	- ,	Date Re 06/26		Aggregate Contribu 485.00	itions		
Cash Personal Check C	redit/Debi	t Card	Payroll Deduction LIMone			72020	400.00		<u> </u>	Mi
Last Name Fair				Firs	vard					Mil
Residential Street Address				City	· · · · · · · · · · · · · · · · · · ·				State	Zip Code
896 Asylum Avenue				1 1	rtford				СТ	06105
Principal Occupation						Name of Employ	rer			
Outreach						Self Employe				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?		ted with h		said municipality		Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	(国)		Is contributor a principal of a If yes, indicate which brai of government the contra	ich or bi	anches		e contractor?	Yes No		218.53
Method of Contribution:						eceived	Aggregate Contribu			
X Cash ☐ Personal Check ☐ C	redit/Debi	t Card ∟	Payroll Deduction Mone	y Order	06/27	/2023	218.53			
			SUE	TOTA	tL Sec	tion B - This	Page			783.53
			TOTAL	of add	ditiona	Section B	Pages			24024.51
TOTAL O	F ALL		RIBUTIONS FROM I							24,808.04

Page 24 of 83

NAME OF COMMITTEE (Pro	vide Comp	lele Name	as Registered with Filing Repo	itory)			to the second of the second	YPE OF F	REPORT	
Lebron for Hartford							JI	JL10		
A. Total Contribution (See Instructions for definition		1000	l Contributors-Receiv	Commence of the Commence of th	car Personal Control	riod ONLY SECTION A	\$			0.00
Last Name	- A		B. Itemized Contri			m Individua	İs			
Bullock				First Kas						MI
Residential Street Address				City					State	Zip Code
45 Ellsworth St				Wes	st Have	n			CT	06516
Principal Occupation						Name of Employ	er			·
Associate		· ·				DelMonico ha	atter			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a c ntributor or business he/she is a at more than \$5,000?		ed with ha		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Y □ Y		Is contributor a principal of a st If yes, indicate which brance of government the contract	h or bra	anches		contractor?	Yes No		25.00
Method of Contribution:			or government the contract		Date Re	1	Aggregate Contribu	itions		
Cash Personal Check	redit/Debit	Card	Payroll Deduction Money	Order	06/08/	2023	25.00			
Last Name				First						МІ
Powell				Josi	hua					
Residential Street Address 501 S Lake Dasha Dr				City Plar	ntation				State FL	Zip Code 33324
Principal Occupation						Name of Employ	er			
Software Engineer						Excella				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a c ntributor or business he/she is a at more than \$5,000?		ed with ha		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Y □		Is contributor a principal of a st If yes, indicate which brance of government the contract	h or bra	anches		contractor?	Yes No		250.00
Method of Contribution:					Date Re	\	Aggregate Contribu	itions		
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money	Order	04/18/	2023	1,250.00)		
Last Name				First						MI
Dejesus				Ray	mond					
Residential Street Address				City					State	Zip Code
165 Sigourney Street				Har	tford	med modern and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a			СТ	06105
Principal Occupation						Name of Employ Unemployed	er			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a c ntributor or business he/she is a at more than \$5,000?		ed with ha		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y		Is contributor a principal of a st If yes, indicate which branci of government the contract	h or bra	anches	prospective state		Yes No		650.00
Method of Contribution: Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money	Order	Date Re 06/26/		Aggregate Contribu			
			SUBT	OTA	L Sec	lion B - This	Page	'		925.00
	45		TOTALo	add	illiona	Section B	Pages			23883.04
TOTAL O	F ALL		RIBUTIONS FROMIN (Enter total on Line 13, Co						•	24,808.04

Page 25 of 83

									***************************************	Page 250t 83
NAME OF COMMITTEE (Pro	ade Compl	ete Name	e as Registered with Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford								JUL10		
A. Total Contributio			ll Contributors-Receiv (a)			riod ONLY L SECTION A	\$			0.00
	Žili		B. Itemized Contrib	utio	ns fro	om Individua	lls			
Last Name Roberts			***	First Parr					·	МІ
Residential Street Address				City					State	Zip Code
104 Waverly Street				Hart	ford				CT	06112
Principal Occupation Retired						Name of Employ Retired	ver			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h	ave a contract with	n said municipality	/,	Amour	nt of Contribution
Is this contribution associated with		<u> </u>	I							
an event reported in Section L1? If yes, list Event #	N ∏ A		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra		<u> </u>	Legislative	Yes No		5.00
Method of Contribution: X Cash Personal Check C	redit/Dehit	Card	Payroll Deduction Money C)rder	Date R 05/07	eceived /2023	Aggregate Contr			
Last Name	TOGIO DODI		Traylon Boadotton Minorgoy C	First					· · · · · · · · · · · · · · · · · · ·	МІ
Cruz				Ari						IVII
Residential Street Address				City					State	Zip Code
51 Alps Drive				East	t Hartfo	ord			CT	06108
Principal Occupation Admin						Name of Employ Lebron for Ha				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h		n said municipality	<i>t</i> ,	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	tractor o	r prospective state	\	Yes		60.00
Method of Contribution:					Date B	eceived	Aggregate Contr	ibutions		
Cash	redit/Debit	Card	Payroll Deduction Money C		05/03		130.0			
Last Name				First						МІ
Dressler				Jeffr	еу					
Residential Street Address				City					State	Zip Code
14 Whetten Road				Wes	t Hartf	ord			CT	06117
Principal Occupation Attorney						Name of Employ Dressler Stric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as: at more than \$5,000?	ndidat sociate	ed with h	hief executive offic	er of a municipality	/,	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y:		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	tractor o	r prospective state		Yes No		750.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction Money C	rder	Date Re 06/27		Aggregate Contr 1,000.			
	1.1					tion B - This			l	815.00
		- 11 - 11 - 11	TOTAL of	add	ltiona	l Section B	Pages			23993.04
TOTAL O	FALL		- RIBUTIONS FROM IND (Enter total on Line 13, Col							24,808.04

Page 26 of 83

NAME OF COMMITTEE (Provide Com	iplete Nam	ie as Registered with Filing Réposi	tory)			740 Te 15	TYPE OF F	REPORT	
Lebron for Hartford							JUL10	_	
A. Total Contributions fro			200000000000000000000000000000000000000	The source of the same	riod ONLY SECTION A	\$	en a accomatanema attendraturacea		0.00
(See Histinghold of the Manager Control of the Cont	ll Gomues	107)	. سالاد	VIA.	ASIEU ARIU (KRAS				
		B. Itemized Contrib	utio	ns fro	məlməliyiduə	ls			
Last Name	W	According to the second	First	September 2000	No. of the second				MI
Colon			Melv	yn					
Residential Street Address 6 Fish Plain Road		1	City Clinto	n			!	State CT	Zip Code 06413
Principal Occupation			Oir	Jii	Name of Employ			U,	00413
Manager					Name of Employ Sina	'er			
	If contri	ibution is in excess of \$400 to a car	ndidate	e for a ch	Į	er of a municipality		Amour	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or business he/she is ass at more than \$5,000?		ed with ha	ave a contract with	h said municipality			
	Yes	Is contributor a principal of a sta	te conf		<i></i>		Yes		
an event reported in Section L1?	No	If yes, indicate which branch of government the contract is	or bran			Legislative	∑ No		100.00
If yes, list Event # Method of Contribution:		or government the contract is		Date Re		Aggregate Contri			
Cash Personal Check Credit/Det	bit Card	Payroll Deduction Money C		06/02/		100.0			
Last Name	j		First	,	***************************************	<u></u>			МІ
Amaro		!	Sabr	ina					
Residential Street Address			City			<u></u>		State	Zip Code
113 Boulanger Ave		!	Wes	t Hartfo	ord		I	СТ	06110
Principal Occupation			<u> </u>		Name of Employ	/er			
Assistant manager				ļ	Michell Bradle	•			
is contributor a lobbyist, spouse,		ibution is in excess of \$400 to a cal					<i>i</i> .	Amour	nt of Contribution
or dependent child of a lobbyist?	goes co	ontributor or business he/she is ass at more than \$5,000?	sociate	_	ave a contract with Yes 区)N		I		
Is this contribution associated with	L Yes	Is contributor a principal of a sta	ute con				Yes		
an event reported in Section L12	No	If yes, indicate which branch of government the contract is		nches	Executive	Legislative	⊠ No		450.00
Method of Contribution:		or government and contract		Date Re		Aggregate Contri		•	
Cash	bit Card	Payroll Deduction Money C	1	06/23/		1,000.	1		
Last Name		,	First						MI
Edwards		,	Jaso	n					
Residential Street Address			City					State	Zip Code
488 Broadview Terr		!	Hartf	ford			;	СТ	06106
Principal Occupation		-	<u> </u>	ļ	Name of Employ	/er			<u></u>
Transit driver				,	Post Road st	ages			
Is contributor a lobbyist, spouse,	If contri	ibution is in excess of \$400 to a car	ndidate	e for a ch	ilef executive offic	er of a municipality	<i>t</i> ,	Amour	nt of Contribution
or dependent child of a lobbyist?	uoes co	ontributor or business he/she is ass at more than \$5,000?	sociate	_	ave a contract with	, ,			
Is this contribution associated with]Yes	Is contributor a principal of a sta		tractor or			Yes	†	
I an event reported in Section 117	No No	If yes, indicate which branch of government the contract is		nches	☐ Executive	Legislative	X No		25.00
Method of Contribution:				Date Re		Aggregate Contr	ibutions		
Cash Personal Check CCredit/Det	oit Card	Payroll Deduction)rder	06/24/	2023	75.00	٥		
		SÜBT	OTA	L Sec	tion B - This	. Page			575.00
		TOTAL	addi	Itiona	 Section B	Parties			24233.04
TOTAL OF AL	CONT	IRIBUTIONS FROM INC							
		(Enter total on Line 13, Cell							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 27 of 83

NAME OF COMMITTEE (Provi	ide Gomp	lete Name	s as Registered with I	'iling Reposi	tory)				TYPE OF I	REPORT	
Lebron for Hartford									JUL10		
A, Total Contribution (See instructions for definition	Service Services	4.5					riod ONLY Section A	\$			0.00
I INC.			B, Itemized	Contrib	66. <u>- 2</u> 86 29		m individua	ls	9.5		
Last Name Ortiz					First Rayı	ı mond					MI
Residential Street Address	····				City				······································	State	Zip Code
18 Essex Street					Hart	tford				СТ	06114
Principal Occupation	friend.						Name of Employ	er	·······		
Retired							Retired				
	Yes No	does cor	oution is in excess of \$ ntributor or business h at more than \$5,000?	he/she is ass		ed with ha		said municipality	,,	Amoun	nt of Contribution
ts this contribution associated with an event reported in Section L1?			ls contributor a princ	•			prospective state	contractor?	Yes		00.00
If yes, list Event #	N N	10	If yes, indicate w. of government th				Executive	Legislative	⊠ No		20.00
Method of Contribution:	***************************************					Date Re		Aggregate Contr			
Cash Personal Check Cr	redit/Debit	Card 📙	Payroll Deduction	☐Money O	أستسم	04/13/	2023	20.0	0		
Last Name	_		·		First		 .				MI
Schick					Davi	id				r	
Residential Street Address					City					State	Zip Code
2209 Avenue I '		·			Broc	oklyn	I			NY	11210
Principal Occupation							Name of Employ				
Real Estate							Shelbourne G			r	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does cor	oution is in excess of \$ ntributor or business h at more than \$5,000?	he/she is ass		ed with ha		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?			Is contributor a princ	•			prospective state	contractor?	Yes		500.00
If yes, list Event #	<u> </u>	10	of government th				Executive	Legislative	⊠ No		000,00
Method of Contribution:			-	_		Date Re		Aggregate Contr			
Cash Personal Check CC	edit/Debit	Card	Payroll Deduction	Money O	لسيب	05/16/	2023	500.0	00		
Last Name Bolds					First Mari	t rietta					MI i
Residential Street Address					City					State	Zip Code
263 Main Street					Hart	tford				СТ	06112
Principal Occupation				_	_		Name of Employ	er			
	Yes No	does cor	bution is in excess of s ntributor or business h at more than \$5,000?	he/she is ass		ed with ha		said municipality	/,	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			Is contributor a princ If yes, indicate we of government th	vhich branch	or bra	ntractor or anches	r prospective state		Yes No		5.00
Method of Contribution:			0,92.			Date Re		Aggregate Contr			
☐ Cash ☐ Personal Check ☐ Cr	edit/Debit	ι Card 🔲	Payroll Deduction	☐Money O	rder	06/29/	2023	5.00		ļ	
				SUBTO	ATC	L Sect	lion B - This	Page			525.00
			T(OTAL of	add	itiona	Section B	Pages			24283.04
TOTAL O	FALL		RIBUTIONS FE								24,808.04

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

Page 28 of 83

NAME OF COMMERCE AND		ala Nass	an Ponistores vitti Ellion De	log d				TVDE SE	DERORE	Fage 2001 00
NAME OF COMMITTEE (Pro)	чов сы <i>тр</i> і	ele warne	ра падівіа ви міні гіілу пароз	wy)				TYPE OF I	TEFUNI.	
Lebron for Hartford				even seven			Westing 1	JUL10		
A. Total Contributio			l Contributors-Receiv			riod ONLY SECTION A	\$		****	0.00
			B. Itemized Contril		ns fro	m Individua	ils		i i	
Last Name Torres				First Jere	miah					MI
Residential Street Address 336 Fairfield Ave				City Hart	ford				State CT	Zip Code 06114
Principal Occupation Bishop						Name of Employ	yer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with he		h said municipalit		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	N K		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	tractor o			Yes No		50.00
Method of Contribution: ☐ Cash ☐ Personal Check 🛣 C	redit/Debit	Card	Payroll Deduction Money C	rder	Date Re 06/22/		Aggregate Con			
Last Name				First		0				MI
Vazquez				Ron	nie				1	
Residential Street Address 2 Park Place 10f				City Hart	ford				State CT	Zip Code 06106
Principal Occupation Project Manager						Name of Employ	-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h		th said municipalit		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra		r prospective stat	e contractor?	Yes No		25.00
Method of Contribution: ☐ Cash ☐ Personal Check 🛣 C	redit/Debit	Card	Payroll Deduction Money C)rder	Date Re 06/29/		Aggregate Cor 100			
Last Name		· .		First Meli						MI
Roberts Residential Street Address				City	554				State	Zip Code
56 Hampshire Dr				1 1	stonbur	У			CT	06033
Principal Occupation Rn						Name of Emplo Hhcmg	yer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h		th said municipalit		Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract i	or bra	ntractor o		•	☐ Yes ☒ No		100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction Money C)rder	Date Re 06/22		Aggregate Cor 100			
						lion B - Thi	s Pagé			175.00
			TOTAL of	add	itiona	I Section B	Pages		. '	24633.04
TOTAL C)F ALL		RIBUTIONS FROMINI							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 29 of 83

NAME OF COMMITTEE (Provide	le Comple	∍te Name	as Registered with Fill	ng Reposi	(ory)				TYPE OF I	REPORT	70
Lebron for Hartford									JUL10		
A, Total Contribution (See instructions for definition							IOD ONLY	\$	50-0 dela		0.00
									CONTRACTOR OF THE PROPERTY OF		
		10	B. Itemized 0	Contrib		ns fro	m Individua	ls			
Last Name Kavteladze					First Nino	,					MI
Residential Street Address					City					State	Zip Code
164 Middle Turnpike West					Man	chester				СТ	06040
Principal Occupation Regional Coordinator							Name of Employ	ег			
	٦,,,	If contrib	oution is in excess of \$4	00 to a car	ndidat	e for a ch		er of a municipality	<i>7</i> .	Amour	nt of Contribution
	Yes No	does cor	ntributor or business he at more than \$5,000?			ed with ha		n said municipality			
Is this contribution associated with	Ye	es	Is contributor a princip			tractor or			Yes		50.00
an event reported in Section L1? If yes, list Event #	ΩNα	э -	If yes, indicate which of government the			nches	Executive	Legislative	⊠ No		50.00
Method of Contribution:						Date Re		Aggregate Contr			
X Cash Personal Check Cre	dit/Debit (Card	Payroll Deduction	Money O	rder	05/17/	2023	55.0)		
Last Name					First						MI
Quinones				·	Andı	re				I"	
Residential Street Address 707 Broadview Terrace					City Hart	ford				State CT	Zip Code 06106
					TIGHT	loiu				UI	00100
Principal Occupation Truck driver							Name of Employ Allied van line				
· · · · · · · · · · · · · · · · · · ·	 1	lf contrib	oution is in excess of \$4	00 to a car		e for a ch			<i>t</i>	Amour	nt of Contribution
	Tres	does cor	ntributor or business he at more than \$5,000?			ed with ha		n said municipality	'		
Is this contribution associated with	 Ye	es	Is contributor a princip	al of a sta	te con		<u></u>		Yes		
an event reported in Section L1? If yes, list Event #	⊠ No	1	If yes, indicate white of government the			nches	Executive	Legislative	∑ No		500.00
Method of Contribution:		, <u></u>				Date Re		Aggregate Contr	ibutions		
Cash Personal Check Cre	:dit/Debit (Card 🗌	Payroll Deduction	Money O	rder	05/01/	2023	1,100.			
Last Name					First						МІ
Cruz					Ari						
Residential Street Address					City					State	Zip Code
51 Alps Drive					East	Hartfo	rd ————			СТ	06108
Principal Occupation							Name of Employ				
Admin							Lebron for Ha			T	
	Yes	does cor	oution is in excess of \$4 ntributor or business he at more than \$5,000?			ed with ha		n said municipality	/,	Amour	nt of Contribution
Is this contribution associated with	Y€	es	Is contributor a princip						Yes		
an event reported in Section L1? If yes, list Event #	Mα	o	If yes, indicate white of government the				Executive	Legislative	X No		20.00
Method of Contribution:						Date Re		Aggregate Contr		ĺ	
☐ Cash ☐ Personal Check ☐ Cre	dil/Debit (Card 🔲	Payroll Deduction	Money O	rder	05/31/	2023	130.0	10		
				SUBTO)TAI	L Sect	ion B - This	Page			570.00
			TO	TAL of	add	itional	Section B	Pages			24238.04
TOTAL OF	ALL (RIBUTIONS FRO								24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 30 of 83

<u></u>							gandjeneroof jaleerin agens (2000 e nii)			rage over ou
NAME OF COMMITTEE (Pro-	ride Compl	ele Name	as Registered with Filing Repos	ilory)				TYPE OF I	REPORT	
Lebron for Hartford								JUL10		
			l Contributors-Receiv			riod ONLY SECTION A	\$	Auto de Company de Company de Company de Company de Company de Company de Company de Company de Company de Comp	MINISTRUM (MATERIAL PROPERTY OF THE PROPERTY O	0.00
			B. Itemized Contrib	utlo	ns fro	m Individu	als			
Last Name		e e e e e e e e e e e e e e e e e e e		First						MI
Plessinger			******	San	dra				,	
Residential Street Address 13 Westridge Drive				City Sim:	sbury				State CT	Zip Code 06070
Principal Occupation				!		Name of Emplo	yer		1	<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		th said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Yı		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	tractor o		•	☐ Yes	 	150.00
Method of Contribution:	redit/Debit	Card	1		Date Re 06/30/	eceived	Aggregate Con	tributions		
Last Name		DEMINISTRATION OF		First				atanta e antico de particoloria e cara	d have garages have received a	MI
Barela				Deb	ra					
Residential Street Address				City					State	Zip Code
1212 Main Street 510				Hart	tford	1			СТ	06013
Principal Occupation Retired						Name of Emplo Retired	pyer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		th said municipalit		Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra		r prospective stat	le contractor?	Yes No		25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction Money C	Order	Date Re 06/08/		Aggregate Con 25.0			
Last Name				First			. 1			MI
Fredlund				Jaso	on					
Residential Street Address				City	lford				State	Zip Code
54 New Park Ave				пан	lioru	Name of Emplo			СТ	06106
Principal Occupation Consultant						Name of Emplo Self	oyer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		ed with h		th said municipalit	,,	Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	ınches	r prospective sta	te contractor?	Yes No]	50.00
Method of Contribution:		_ , _	Jp., up.,		Date Re 04/28		Aggregate Con			
Cash Personal Check XC	redit/Debit	Card L					75.0	JU		· · · · · · · · · · · · · · · · · · ·
			SUBT	OTA	L Sec	tion B - Thi	s Page			225,00
			and the second s			Section B				24583.04
TOTALC	IF ALL		RIBUTIONS FROM INI							24,808.04

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

Page 31 of 83

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NAME OF COMMITTEE (Pro	ride Comp	lete Name	e as Registered with Filing Rep	oosilory)				TYPE OF I	REPORT	
Lebron for Hartford							,	JUL10		
A. Total Contributio	T-10-10-10-10-10-10-10-10-10-10-10-10-10-					riod ONLY SECTION A	\$			0.00
			B. Itemized Cont	ributio	ons fro	om Individua	ls	28		# 25
Last Name Weinstein				Firs	t chel					MI
Residential Street Address	•			City	,				State	Zip Code
6625 Green Valley Circle U	nit 306			'	lver City	<u>'</u>			CA	90230
Principal Occupation Director						Name of Employ Braver Angel				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does co	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?		ted with h		n said municipality	ı	Amour	nt of Contribution
Is this contribution associated with		 /es	Is contributor a principal of a	state co				Yes		
an event reported in Section L1? If yes, list Event #	⊠ ₁		If yes, indicate which brai of government the contra	nch or br	ranches		Legislative	⊠ No		20.00
Method of Contribution:	· · · · · · · · · · · · · · · · · · ·				Date R	eceived	Aggregate Contr	butions		
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Last Name		······································		Firs	st.					MI
Mitchell-Davis				Tar	mara					ļ
Residential Street Address				City	,				State	Zip Code
385 Fairfield Avenue				Hai	rtford				СТ	06114
Principal Occupation						Name of Employ	/er	******	I	······
Asst Director				•		Hps				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?		ted with h		n said municipality		Amour	nt of Contribution
Is this contribution associated with		'es	Is contributor a principal of a	state co	ntractor o	r prospective state	contractor?	Yes	[
an event reported in Section L1? If yes, list Event #	<u> </u>		If yes, indicate which brai			Executive	Legislative	⊠ No		50.00
Method of Contribution:		<u></u>] 3			eceived	Aggregate Contr	ibutions		
Cash Personal Check XC	redit/Debit	t Card	Payroll Deduction Mone	v Order		/2023	50.00			
Last Name				Firs						МІ
Gonzalez-Robles					ında					1011
Residential Street Address				City	/				State	Zip Code
20 Rossetto Drive				Ма	ncheste	er			СТ	06042
Principal Occupation						Name of Employ	/er)
Administrative						UConn Healt				I
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co.	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?				h said municipality	',	Amou	nt of Contribution
Is this contribution associated with			Is contributor a principal of a	state co	ontractor o			Yes		
an event reported in Section L1?			If yes, indicate which brai	nch or bi	ranches	_		∑ No		60.00
If yes, list Event # Method of Contribution:			of government the contra	ct is with			Legislative			
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			SUE	тота	AL Sec	tion B - This	Page		I	130.00
		- 18 - 18 <u>-</u>	TOTAL	of add	ditiona	I Section B	Pages			24678.04
TOTAL C	F ALL		RIBUTIONS FROM I (Entertotal on Line 13, d							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

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Page	32.0	೦೦

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NAME OF COMMITTEE (Pro	Vide Gomp	lete Nam	e as Flegistered with Filing	Repositor	y)				TYPE OF	REPORT	1.00		
Lebron for Hartford									JUL10				
A. Total Contribution (See Instructions for definitions)							riod ONLY SECTION A	\$			0.00		
			B. Itemized Co	ntribu	tions	fro	m Individua	ls					
Last Name					irst				М				
Lebron				s	hamik	ĸa							
Residential Street Address			***************************************	C	ity			State	Zip Code				
99 Lincoln St				Н	artfor	ď		CT	06106				
Principal Occupation					**	·							
Self Employed							Shamika Leb	ron					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No								Amount of Contribution				
Is this contribution associated with	Υ	'es	Is contributor a principal	of a state	contrac	tor or	prospective state	contractor?	Yes				
an event reported in Section L1? If yes, list Event #	Mν	lo	If yes, indicate which in of government the cor			es	Executive	Legislative	X No		500.00		
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☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 06/29/2023 ☐ 650.00 ☐ 650.00 ☐ Credit/Debit Card ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 06/29/2023 ☐ 650.00 ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 06/29/2023 ☐ 650.00 ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 06/29/2023 ☐ 650.00 ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 06/29/2023 ☐ 650.00 ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 06/29/2023 ☐ 650.00 ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 06/29/2023 ☐ 650.00 ☐ Credit/Debit Card ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 06/29/2023 ☐ 650.00 ☐ Credit/Debit Card ☐ Cr													
Last Name				F	irst		***************************************				MI		
Brice	U	Irick					<u> </u>						
Residential Street Address	С	City						Zip Code					
447 Tunxis Ave	В	Bloomfield						06002					
Principal Occupation				•			Name of Employ	er		<u> </u>	•		
Logistics Officer Army													
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No									Amount of Contribution			
Is this contribution associated with	П	es	Is contributor a principal	of a state	contrac				Yes				
an event reported in Section L1? If yes, list Event #	☑ No If yes, indicate which branch or branches of government the contract is with: □ Executive □ Legislative ☑ No												
Method of Contribution:						te Re	ceived	Aggregate Conti	ibutions				
Cash Personal Check	Cash Personal Check Card Payroll Deduction Money Order 06/29/2023 125.00												
Last Name				F	irst			<u></u>			МІ		
Henderson	Α	lisha											
Residential Street Address	С	City						Zip Code					
986 East St. S	s	uffield	1		СТ	06078							
Principal Occupation							Name of Employ	er					
Emergency Management							United States	Air Force					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does co	ntribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, contributor or business he/she is associated with have a contract with said municipality ed at more than \$5,000?							Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Y		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							25.00			
Method of Contribution:			or government the con	nigot is w			ceived	Aggregate Contr					
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			- ТОТА	L of a	dditio	onal	Section B I	Pages			24183.04		
TOTAL C	F ALL		RIBUTIONS FROM (Entertistal on Line):								24,808.04		

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

Revised January 2010		termizante mizetamização d		County Code Segundario							Page 33 of 83		
NAME OF COMMITTEE /Pro.	vide Compl	eie Name	as Registered with Filing Repos	ilory)				T	YPE OF F	REPORT	Para Transaction (1997)		
Lebron for Hartford				D	J	UL10							
A, Total Contributio			II Contributors-Receive			eriod ONLY L SECTION A	\$				0.00		
Last Name		-1	B. Itemized Contrib	outio L First	CONTRACTOR OF STREET	om lindlividue	als				IMI		
Lewis Goorahoo	Caroline												
Residential Street Address 150 Whitehall Drive		City State Zip Code East Hartford CT 06118											
Principal Occupation Program Coordinator	_			Name of Employer Uconn Health									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No		andidate for a chief executive officer of a municipality, sociated with have a contract with said municipality Yes No						Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, list Event # No If yes, indicate which brane of government the contract						e contractor or prospective state contractor? or branches with: Executive Legislative						
Method of Contribution: Date Received Aggregate Contributions O5/24/2023 50.00													
Last Name Martinez	First Mary				MI								
Residential Street Address 7 Mary Shepard Place	City Harti	lford		State CT	Zip Code 06120								
Principal Occupation Retired	Name of Employer Retired												
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor		andidate for a chief executive officer of a municipality, sociated with have a contract with said municipality Yes X No						Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y•		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	ate contractor or prospective state contractor?					Yes No	40.00			
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	eceived 1/2023	Aggregate	e Contrib 205.00	4									
Last Name Wolfson	John							МІ					
Residential Street Address 1 High Meadow Road	City State Bloomfield C7							Zip Code 06002					
Principal Occupation Name of Employer Attorney Feiner Wolfson LLC													
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	ndidate for a chief executive officer of a municipality, sociated with have a contract with said municipality Yes XNo						Amount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ate contractor or prospective state contractor? or branches is with: Executive Legislative No							250.00					
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction	Order	Date Re 05/15	teceived 5/2023	Aggregat	e Contrib 450.00					
			SUBT	OTAI	LSec	tion B - This	s Page				340,00		
			TOTAL of	addi	itiona	I Section B	Pages				24468.04		
TOTAL O	FALL		RIBUTIONS FROM INC								24,808.04		

Page 34 of 83

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NAME OF COMMITTEE (Pro	vide Compl	ete Name	s as Registered with Filing Repos	itory)				TYPE OF I	REPORT	7 - 1 - P 7		
Lebron for Hartford				JUL10								
A. Total Contributio			II Contributors-Receiv tor)			riod ONLY SECTION A	\$		Rose Control Control	0.00		
			B. Itemized Contrib	jutio First		ım imdividus	ls			IMI		
Last Name Nixon				Helen								
Residential Street Address				City	., ,		State CT	Zip Code				
19 Sunset Street				Hart	06120							
Principal Occupation Retired				Name of Employer Retired								
Is contributor a tobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		nt of Contribution							
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N	1	Is contributor a principal of a sta If yes, indicate which branch of government the contract is						100.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	hod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions 05/09/2023 100.00											
Last Name	<u>.</u>			First	landarian in success			<u> </u>		МІ		
Diaz				Ruth	nie							
Residential Street Address 14 Hillside Avenue				City Hart	lford			State CT	Zip Code 06106			
Principal Occupation Name of Employer Operator Jet Blue												
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No								Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y ∩		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	anches	r prospective state		Yes No	150.00			
Method of Contribution: X Cash Personal Check C	Credit/Debit	Card	Payroll Deduction Money (Date Received Aggregate Contributions 06/26/2023 150.00							
Last Name				First						MI		
Ruiz				Aish	ıa							
Residential Street Address 94 Henry Street				City	tford		State CT	Zip Code 06114				
Principal Occupation				Name of Employer								
- Ппораг Оссыранон						Name of Employ						
Is contributor a tobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, es contributor or business he/she is associated with have a contract with said municipality fued at more than \$5,000?							Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #_	□ Y ⊠ N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	anches	r prospective state	5.00					
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	100 100 100			### SET		tion B - This	a Page			255.00		
			TOTAL of	add	itiona	I Section B	Pages			24553.04		
TOTALC)F ALL		RIBUTIONS FROM INL (Enter latel on Line 13, Col							24,808.04		

Heviseu valluary 2015										Page 35 of 83	
NAME OF COMMITTEE (From	vide Compl	ele Name	as Registered with Filing Repos	itory)	100	10.		TYPE OF F	REPORT		
Lebron for Hartford								JUL10			
A. Total Contributio			ll Contributors-Receiv			riod ONLY SECTION A	\$			0.00	
(COC) NOTICE TO SECURE	Попетан	<i></i>	<i>20</i>	5.9 E.	<u>Units</u>	S. 5081104.04	<u>*************************************</u>			000000000000000000000000000000000000000	
Last Name			B. Itemized Contrib	<i>30</i> 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ıs fror	m Individua	İs				
Cruz			•	First Ari						MI	
Residential Street Address 51 Alps Drive				City East I	Hartfor	rd			State CT	Zip Code 06108	
Principal Occupation Admin				!		Name of Employ			<u> </u>		
ts 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										nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		es	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branc	ractor or			Yes No		30.00	
Method of Contribution; Cash Personal Check C											
Last Name				First		-				MI	
Pagan				Melvi	n 						
Residential Street Address Hampton lane		Cily Bloon	nfield				State CT	Zip Code 06002			
Principal Occupation Trucker						Name of Employ Town of East					
Is contributor a lobbylst, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a cal ntributor or business he/she is ass at more than \$5,000?	ndidate sociated	d with hav	ief executive officive a contract with	n said municipality	ı	Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y€		ls contributor a principal of a sta If yes, indicate which branch of government the contract is	or branc	te contractor or prospective state contractor? or branches			☐ Yes ☒ No		100.00	
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Last Name			· · · · · · · · · · · · · · · · · · ·	First		<u> </u>	<u></u>	<u></u>		MI	
Ramkissoon				Dane	!				T .		
Residential Street Address 1 Gold Street 10b			†	City Hartfo	orđ				State CT	Zip Code 06103	
Principal Occupation				!	i	Name of Employ Kubera Ilc	er		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	bution is in excess of \$400 to a ca intributor or business he/she is ass at more than \$5,000?		with hav		n said municipality	,	Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	 ∏ Y∈		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							100.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction Money C	1	Date Red 06/27/2		Aggregate Contri 100.0			. !	
			SUBT	OTAL	. Sect	ion B - This	Page			230.00	
			TOTAL of	addit	iional	Section B I	Pages	-		24578.04	
TOTALO	F ALL		RIBUTIONS FROM INC							24,808.04	

Hevised January 2015	************									Page 35 of 83	
NAME OF COMMITTEE (Provi	de Comple	de Name	as Registered with Filing Reposi	lory)			T	PE OF F	REPORT		
Lebron for Hartford							Jl	JL10			
A. Total Contribution	A PARTY OF THE PAR		l Contributors-Receiv			riod ONLY SECTION A	\$	***************************************		0.00	
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			B. Itemized Contrib			m Individua	s				
Last Name Phillips				First Jerry						MI	
Residential Street Address				City					State	Zip Code	
241 Sargents Street				Hart	ford				СТ	06105	
Principal Occupation						Name of Employe	er				
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?										nt of Contribution	
Is this contribution associated with		 3S	Is contributor a principal of a sta	ite con	tractor or			Yes			
an event reported in Section L1? If yes, list Event #	n event reported in Section L1? If yes, indicate which branch or branches									5.00	
Method of Contribution:					Date Re		Aggregate Contribu	itions			
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Last Name Santos				First	ndro					MI	
					- IGIO				Ctata	Zio Codo	
Residential Street Address 41 byrd Rd				City Wet	hersfiel	d			State CT	Zip Code 06109	
Principal Occupation Name of Employer											
Owner		Lo sano resta	urante								
	Yes No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?	ndidat sociate	ed with he	nief executive officave a contract with	said municipality		Amount of Contribution 500.00		
Is this contribution associated with an event reported in Section L1?	□Y•		Is contributor a principal of a sta If yes, indicate which branch	or bra				Yes No			
If yes, list Event #	(24)		of government the contract is	s with:	Date Re		Legislative Aggregate Contribu				
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Cr	edit/Debit	Card	Payroll Deduction Money C	Order	06/20/		500.00	MONS			
Last Name				First						MI	
Andaleeb				Ace							
Residential Street Address				City					State	Zip Code	
690 Albany Avenue				Hart	lford				CT	06112	
Principal Occupation Owns property on Albany Av	enue					Name of Employ	er				
		If contrib	oution is in excess of \$400 to a ca	ındidat	e for a cl	ief executive offic	er of a municipality.		Amoui	nt of Contribution	
	☐ Yes ☑ No	does co	ntributor or business he/she is as at more than \$5,000?		ed with ha		said municipality				
Is this contribution associated with an event reported in Section L1?	orted in Section 112							Yes		500.00	
If yes, list Event #	XN	0	of government the contract is			☐ Executive	Legislative	X No		300.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Cr	radit/Dabit	Cord [Dougall Deduction Money C)rdor	Date Re 06/07/		Aggregate Contrib				
Li Cash Li Personal Check (A)Ch	enionenii	Jaiu L		With the said					I	4.005.00	
			SUBI.	ULA	_ OEC	lion B - This	raye			1,005.00	
						l Section B				23803.04	
TOTALO	F ALL		RIBUTIONS FROM INI (Enter total on Line 13, Co.							24,808.04	

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ane.	37 of	83

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NAME OF COMMITTEE (Prov	ride Compl	lete Name	as Registered with Filing Repos	itory)			Ť	YPE OF F	HEPORT	
Lebron for Hartford				****			J	UL10		
A. Total Contribution (See instructions for definition			Il Contributors-Receive			riod ONLÝ SECTION A	\$	julinderidahlusiumtetii		0.00
Last Name		7.0	B, Itemized Contrib)Utio l First		m Individua	ls			MI
Donovan			1	Davi						IVEI
Residential Street Address 179 Beacon Street				City Harti					State CT	Zip Code 06105
Principal Occupation Business Analyst/Project Ma	anager					Name of Employe Lane Constru				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	ntractor or anches	r prospective state		Yes No		120.00
Cash Personal Check 🛛 C	rediVDebit	Card	Payroll Deduction Money C)rder	06/30/		220.00			
Last Name Kerr				First Scot						MI
Residential Street Address 12 Lynnbrook Road		City Trun	mbull				State CT	Zip Code 06611		
Principal Occupation Sales				<u> </u>		Name of Employer		1	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a ca ntributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y ⊠ N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	ntractor or anches	r prospective state		Yes No		50.00
Method of Contribution: ☐ Cash ☐ Personal Check	redit/Debit	Card	Payroll Deduction Money C		Date Re 06/28/		Aggregate Contribution 250.00			
Last Name Callas				First Johr			<u> </u>			МІ
Residential Street Address 44 Secret Lake Road				City Cant					State CT	Zip Code 06019
Principal Occupation DCF Ombudsman				ļ		Name of Employe	'er	<u></u>	I	00010
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a ca intributor or business he/she is ass at more than \$5,000?		ed with ha	hief executive office	h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	ntractor or anches	contractor?	Yes No		100.00		
Method of Contribution: ☐ Cash ☐ Personat Check ☒ C	redit/Debit	Card	Payroll Deduction Money O)rder	Date Re 05/01/		Aggregate Contribution 100.00			
			SUBT	OTA	L Seci	tion B - This	Page			270.00
			TOTAL of	add	Itiona	Section B	Pages			24538.04
TOTALO	FALL		RIBUTIONS FROM INC (Enter total on Line 13, Coll							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 38 of 83

NAME OF COMMITTEE (Provide Complete Name as Registered with Fit	ling Reposil	ary)		T	YPE OF I	REPORT				
Lebron for Hartford				J	UL10					
A. Total Contributions from Small Contributors-			Period ONLY ALSECTION A	\$			0.00			
					Wildensto ldsssssssssss		The state of the s			
B. Itemized	Centribi	utions	irom Individus	ils _						
Last Name Pennington		First Richard					MI			
Peritington Residential Street Address							Zin Ondo			
40 Rusley Street		City Hartford				State CT	Zip Code 06120			
Principal Occupation	<u> </u>		Name of Employ	yer		<u> </u>	03.20			
Is contributor a lobbyist shouse										
ts contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business have valued at more than \$5,000?		Amour	nt of Contribution							
an event reported in Section 1.1?	Tes 1									
IVINA I " yee, market ",	went reported in Section L1?									
Method of Contribution:										
☐ Credit/Debit Card ☐ Payroll Deduction ☐			29/2023	5.00			MI			
Last Name Alves	ast Name First Ives Arlindo									
Residential Street Address		City				State	Zip Code			
1645 Park Street		Hartford				CT	06106			
Principal Occupation	I		Name of Employ	yer		L				
Mechanic			Alves Motor	Body						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes Yes				h said municipality		Amour	nt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princi If yes, indicate with of government the	hich branch c	or branches	s <u> </u>	e contractor?	Yes No	100.00				
Method of Contribution:			Received	Aggregate Contrib	ulions					
\(\text{Cash} \) \(\text{Personal Check} \) \(\text{Credit/Debit Card} \) \(\text{Payroll Deduction} \)	Money Or	rder 05/	10/2023	100.00						
Last Name	1	First		· · · · · · · · · · · · · · · · · · ·			MI			
Duncan		Bpb								
Residential Street Address 4 Holley Lane		City Prospect	t			State CT	Zip Code 06712			
Principal Occupation	L	· · · · · · · · · · · · · · · · · · ·	Name of Employ	ver		<u> </u>				
Administration			Connecticut							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes Valued at more than \$5,000?	:400 to a can re/she is ass	didate for a ociated wit	a chief executive office have a contract with	h said municipality		Amour	nt of Contribution			
an event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						250.00			
Method of Contribution:	_		Received	Aggregate Contrib						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐Money Or	rder 05/	31/2023	250.00		_				
	SUBTO	ITAL SI	ection B - This	s Page			355.00			
TO	TAL of	additio	nal Section B	Pages			24453.04			
TOTAL OF ALL CONTRIBUTIONS FR							24,808.04			

I. MONETARY RECEIPTS (Sections A - K)

Page 39 of 83

NAME OF COMMITTEE (Pro)	ride Comp	llete Nami	e as Registered with Filing Repor	iloni)				TYPE OF I	REPORT		
Lebron for Hartford								JUL10			
A. Total Contribution			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00	
Oper henrellone in neumin	II Ur aman	Conmoun	of)	200	IUIME	SECURORES					
	2.4		B. Itemized Contrib	outio	ns fro	m Individua	ls: The second			40.54	
Last Name				First						MI	
Clement	,			<u> </u>	nille				г		
Residential Street Address 27 Adams Road				City	omfield				State CT	Zip Code 06002	
Principal Occupation				Di-	711110,0	Name of Employ	er		<u> </u>	00002	
Lpn - Indipal Occupation Indipal occupation Ind											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?											
Is this contribution associated with an event reported in Section L1?		Yes Is contributor a principal of a state contractor or prospective state contractor?									
If yes, list Event #	1	10	If yes, indicate which branch of government the contract is		10.00						
Method of Contribution:		Date Received Aggregate Contributions Date Received Aggregate Contributions									
Stevens	First Katelyn										
Residential Street Address										Zip Code	
12708 Summitview Ext Yakima									State WA	98908	
Principal Occupation				——		Name of Employ	er		I		
Homemaker Homemaker											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	bution is in excess of \$400 to a ca intributor or business he/she is as at more than \$5,000?	andidat sociate	ed with ha	nief executive office ave a contract with	said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	/ √□ /		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	anches		contractor?	Yes No	10.00		
Method of Contribution:			or government the contract is	J PPIOT	Date Re		Aggregate Contri				
☐ Cash ☐ Personal Check ☒ C	redit/Debi	t Card	Payroll Deduction Money (Order	06/09/	/2023	10.00				
Last Name		, , , , , , , , , , , , , , , , , , ,		First	i					МІ	
Cruz		<u></u>		Ari							
Residential Street Address				City		!			State	Zip Code	
51 Alps Drive				Eas	t Hartfo	l			СТ	06108	
Principal Occupation Admin						Name of Employ Lebron for Ha					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes		bution is in excess of \$400 to a ca intributor or business he/she is as			nief executive offic	er of a municipality	,	Amour	nt of Contribution	
	No No	valued a	at more than \$5,000?			Yes XN	lo				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	⊠ ∧		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							20.00	
Method of Contribution:					Date Re		Aggregate Contri				
☐ Cash ☐ Personal Check ☐ C	redi//Debi	l Card	Payroll Deduction Money C	Order	05/13/	/2023	130.0	0			
			SUBT	ОТА	L Sect	lon B = This	Page-			40.00	
	Para San	4	TOTAL of	add	itional	Section B	Pages			24768.04	
TOTALO	FALL		RIBUTIONS FROM INT (Enter total on Line 13, Col							24,808.04	

Page	40 of	83

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	ilory)		T	YPE OF F	REPORT	3 <u>2</u> 16 _{1,2}				
Lebron for Hartford			Jl	UL10						
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)		eriod ONLY L SECTION A	\$		(Manufacture and American Amer	0.00				
	· All									
B. Itemized Contrib	outlons fre LFirst	im Individua	İS			MI				
Gibson	Shakira									
Residential Street Address 133 Roslyn Street	City Hartford				State CT	Zip Code 06106				
Principal Occupation Assistant Planner		Name of Employer Shakira Gibso								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes \(\text{X No} \) Yes \(\text{X No} \) If contribution is in excess of \$400 to a cardoes contributor or business he/she is as valued at more than \$5,000?		Amoun	t of Contribution							
Is this contribution associated with an event reported in Section L1? If yes, list Event #		25.00								
Method of Contribution: Cash Personal Check Card Payroll Deduction Money Order Date Received Aggregate Contributions 25.00										
Last Name	First Amalyn		, 		***************************************	MI				
Morales Residential Street Address	<u> </u>		State	Zip Code						
28 Ward Place	City Hartford				CT	216 Code 06106				
Principal Occupation Program Coordinator		Name of Employ			I					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a cardoes contributor or business he/she is as valued at more than \$5,000?	scciated with h		n said municipality		Amount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Section L1? If yes, indicate which branch of government the contract has a section L1?	n or branches		contractor?	Yes No		25,00				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C	1	eceived 3/2023	Aggregate Contribu	utions						
Last Name	First Jennika					MI				
Lebron Residential Street Address	Jennika City	·			State	Zip Code				
192 Laurel St	Hartford				CT	06105				
Principal Occupation Special Events Coordinator		Name of Employ Hartford Com	_{'er} nmunities That C	are						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of \$400 to a cardoes contributor or business he/she is as valued at more than \$5,000?	ssociated with h		n said municipality		Amour	nt of Contribution				
an event reported in Section L1? If yes, indicate which branch	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative									
Method of Contribution: X Cash Personal Check Credit/Debit Card Payroll Deduction Money C	1	leceived 7/2023	Aggregate Contribution 1,025.00							
	i	tion B - This	Page			1,050.00				
TOTAL of	additiona	il Section B l	Pages			23758.04				
TOTAL OF ALL CONTRIBUTIONS FROM IN						24,808.04				

I. MONETARY RECEIPTS (Sections A - K)

Page 41 of 83

						t and the control of the control of the control of the control of the control of the control of the control of			#25000000000000000000000000000000000000	Page 4101 83		
NAME OF COMMITTEE (Pro	vide Compl	ete Name	as Registered with Filing Repos	ilony)		**************************************	τ	YPE OF F	REPORT			
Lebron for Hartford							JI	UL10				
A, Total Contributio (See instructions for definition			ll Contributors-Receiv क)			riod ONLY SECTION A	\$			0.00		
			B. Itemized Contrib	Marie Control		m Individua	ls					
Last Name Chappell			l	First Arth				Mi				
Residential Street Address			ALTERNATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND A	City					State	Zip Code		
63 Ashford Street				Hart	lford				CT	06120		
Principal Occupation		_,		<u>-</u>		Name of Employe	er					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes										nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	this contribution associated with event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative									5.00		
Method of Contribution: Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money C	Order	06/29/		Aggregate Contribu	itions				
Last Name		10000000000000000000000000000000000000	**************************************	First						MI		
Salmon	Cynthia									<u> </u>		
Residential Street Address 49 Elmer Street 1st				City Hart	tford				State CT	Zip Code 06120		
Principal Occupation						Name of Employ				· · · · · · · · · · · · · · · · · · ·		
Social Worker		T.,		. 11.1.1		State of CT D			· .			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a ca ntributor or business he/she is as: at more than \$5,000?		ed with ha		said municipality		Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	anches	r prospective state		Yes No		50.00		
Method of Contribution; ☐ Cash ☐ Personal Check ☒ C					Date Re	eceived	Aggregate Contribu	utions				
Last Name	redivDeon	Caro	Payroll Deductionmoney o	Order First		2020	50,00			Mi		
Bashor				Mab						Mi		
Residential Street Address				City	- Hover				State	Zip Code		
144 Main Street Annex				IVEV	v Haver	<u> </u>			СТ	06512		
Principal Occupation						Name of Employ	er 					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is in excess of \$400 to a ca ntributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	∑N ∑N		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative No						5.00			
Method of Contribution: Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money C	Order	Date Re 06/30/		Aggregate Contribution 5.00	utions				
			SUBT	OTA	L Sect	tion B - This	Page		:	60.00		
			# TOTAL of	add	itional	l Section B i	Pages			24748.04		
TOTALO	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Col.							24,808.04		

I. MONETARY RECEIPTS (Sections A - K)

Page 42 of 83

NAME OF COMMITTEE (Pré)	ide Comp	lete Name	as Registered with	Filing Reposi	(ary)		A STATE		TYPE OF I	REPORT			
Lebron for Hartford			·····					.0000 elle (10000)	JUL10				
A. Total Contribution (See Instructions for definition		Hora de Charles and All All			200	4.00	riod ONLY SECTION A	\$			0.00		
			B. Itemized	d Contrib	utio	ns fro	milndividua	ls					
Last Name					First					en en en en en en en en en en en en en e	MI		
Valentin					Ama	ury							
Residential Street Address					City					State	Zip Code		
263					Hart	ford				CT	06114		
Principal Occupation							Name of Employ	er					
Student							Student						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?										Amour	Amount of Contribution		
Is this contribution associated with	Y	'es	Is contributor a prir			tractor or			Yes				
an event reported in Section L1? If yes, list Event #	event reported in Section L1? If yes, indicate which branch or branches \(\overline{\text{Y}}\) No \(\overline{\text{Y}}\) \(\text										25.00		
Method of Contribution: Date Received Aggregate Contributions													
□ Cash □ Personal Check ☑ Credit/Debit Card □ Payroll Deduction □ Money Order 06/29/2023 25.00													
Last Name First MI													
Fernandez Georgina													
Residential Street Address City										State	Zip Code		
195 Sigourney Street					Hart	ford				СТ	06105		
Principal Occupation							Name of Employ	rer					
							Liberty Home						
Is contributor a lobbyist, spouse,	Yes		oution is in excess of							Amour	t of Contribution		
or dependent child of a lobbyist?	X No		ntributor or business at more than \$5,000?		sociate		ive a contract with		ř				
Is this contribution associated with		<u> </u>	Is contributor a prir		te con		<u> </u>	**	Yes				
an event reported in Section L1?	<u></u> ∑∧		If yes, indicate t	which branch	or bra			Legislative	⊠ No	25.00			
If yes, list Event # Method of Contribution:			of government i	Me cumau a	Witi i.	Date Re		Aggregate Con					
Cash Personal Check C	redit/Debit	Card	Payroll Deduction	☐Money O	rder	06/03/		25.0					
Last Name			, -y,		First			1			MI		
Hightower					Greg						· · · ·		
Residential Street Address	······································	Al			City					State	Zip Code		
3 Lorraine Court					'	mfield				CT	06002-3126		
Principal Occupation							Name of Employ	/er					
Driver							USPS	, ,					
la contributor a labbuiet engree	Пурр	If contrib	oution is in excess of	\$400 to a ca	ndidat	e for a ch		er of a municipali	ly,	Amour	nt of Contribution		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	ntributor or business at more than \$5,000?	he/she is as:		ed with ha	ve a contract with	n said municipality					
Is this contribution associated with			r		te con		Yes XN		Yes				
an event reported in Section L1?	\ \\ \\		If yes, indicate which branch or branches								25.00		
If yes, list Event #	احب		of government i	the contract is	witn:	l nata Pa		Legislative					
Method of Contribution: ☐ Cash ☐ Personal Check 💢 C	redit/Debit	Card	Payroll Deduction	□ _{Monev O}	ırder	Date Re 04/07/		Aggregate Con 25.0					
Coast Crossital crossit Car	Tediv 2 Co.	Oura	JI ayron Doublio.										
				Siùlei Iri	ATC	L Seci	ion B - This	Page:			75.00		
	10 M				4		Section B				24733.04		
TOTAL C	F ALL		RIBUTIONS F (Enter total on L								24,808.04		

SEEC FORM 20 Revised January 2015		1	I. MONETARY R	EC	EIP)	iS (Sectio	ns A - K)			Page 43 of 83	
NAME OF COMMITTEE (Pro	vide Compl	ele Name	e as Registered with Filing Repos	itory)	- 18		Т	YPE OF F	REPORT		
Lebron for Hartford							JL	UL10			
A, Total Contributio (See Instructions for definition	TO BE SEED OF THE SECOND		ll Contributors-Receiv			riod ONLY SECTION A	\$		MINORIO CONTRACTOR CON	0.00	
Last Name		10 - 45 - 40 10 - 45 - 40 10 - 40 - 40 - 40 - 40 - 40 - 40 - 40 -	B. Itemized Contrib	u tlo First	and the second second	m Individua	S	1		MI	
Lebron				Meli	itza ——						
Residential Street Address 192 Laurel Street				Cily Hari	tford			State CT	Zip Code 06105		
Principal Occupation Phlebotomist				1 1001	1014	Name of Employe	ər		OI.	00103	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a ca intributor or business he/she is ass at more than \$5,000?		ed with ha	ief executive office	said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ No									1,000.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ C	Date Received Aggregate Contributions Credit/Debit Card Payroll Deduction Money Order 06/24/2023 1,000.00										
Last Name _ Lopez				First Dieg				MI			
Residential Street Address 172 Afflect St		,		City Hart	tford				State CT	Zip Code 06106	
Principal Occupation Youth Development		·—				Name of Employe Compass You	er uth Collaborative				
ls contributor a lobbylst, spouse, or dependent child of a lobbylst?	Yes No	does cor	bution is in excess of \$400 to a ca intributor or business he/she is ass at more than \$5,000?		ed with ha		said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Yı		ls contribulor a principal of a sta If yes, indicate which branch of government the contract is	or bra	anches		contractor?	☐ Yes ☒ No		100.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card [Payroll Deduction Money C		Date Re 04/01/		Aggregate Contribu 125.00				
Last Name Johnson			I	First Way						MI	
Residential Street Address 20 Donna Lane				City	dsor				State CT	Zip Code 06095	
Principal Occupation Retired				<u> </u>		Name of Employe	er			00000	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with ha		said municipality	_	Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative								50.00		
Method of Contribution: Cash Personal Check XC	redit/Debit	Card	Payroll Deduction Money C)rder_	05/15/		Aggregate Contribu	utions			
	1 111		SUBT	OTA	L Sect	lion B - This	Page			1,150.00	
			TOTAL of	add	litiona	Section B F	² ages			23658.04	
TOTAL O	FALL (RIBUTIONS FROM INE (Enter total on Line 13, Coll							24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

Page 44 of 83

NAME OF COMMITTEE (PROV	ide Compl	ele Name	as Registered with F	iling Reposi	tory)			2	YPE OF I	REPORT		
Lebron for Hartford					••••				JUL10			
A. Total Contribution (See Instructions for definition	2000						riod ONLY SECTION A	\$			0.00	
		-						A-0.000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-				
			B. Itemized	Contrib	utio	ns fro	m Individua	ls				
Last Name					First						М	
Weinstein					Raci	hel						
Residential Street Address					City					State	Zip Code	
6625 Green Valley Circle Ur	nit 306				Culv	er City				CA	90230	
Principal Occupation				•			Name of Employ	rer				
Director					Braver Angel	s						
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?										Amour	nt of Contribution	
Is this contribution associated with	his contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor?										O	
If yes, list Event #	reported in Section L1? V No										25.00	
lethod of Contribution: Date Received Aggregate Contributions										1		
□ Cash □ Personal Check ☑ Credit/Debit Card □ Payroll Deduction □ Money Order 05/26/2023 145.00												
Last Name	V		***************************************		First						MI	
Capo Rose												
Residential Street Address City										State	Zip Code	
820 Wethersfield Avenue					Hart	ford				СТ	06114	
Principal Occupation							Name of Employ			1		
Manager							Raxon Enter					
la a médici de la labelitat amana	m,	If contrib	oution is in excess of	\$400 to a ca	ndidat	e for a ch	ief executive offic	er of a municipality		Amoui	nt of Contribution	
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	☐ Yes ☒ No	does cor	ntributor or business I at more than \$5,000?			ed with ha	ve a contract with	n said municipality				
Is this contribution associated with		<u> </u>	Is contributor a princ	oinal of a eta	to con		Yes XN		Yes	-	!	
an event reported in Section L1?	□Y ⊠N		If yes, indicate w	hich branch	or bra		_		☐ res		1,000.00	
If yes, list Event #			of government th	e contract is	with:		<u> </u>	Legislative		1		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Ci		Co.est [Day and Daylor than	 	enla a	Date Re 06/30/		Aggregate Contri				
	reall/Deall	Care _	Payroli Deduction	Missioney O			2020	1,000.0	,,,	<u> </u>	Lan	
Last Name Ortiz					First	mond					MI	
						niona				1		
Residential Street Address					City	ford				State	Zip Code	
62 Vineland Terrace					Tian	1010				СТ	06112	
Principal Occupation							Name of Employ	yer				
Is contributor a lobbyist, spouse,	Yes		oution is in excess of						,	Amou	nt of Contribution	
or dependent child of a lobbyist? I No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? I Yes X No												
Is this contribution associated with	ΟY	es .	Is contributor a princ	cipal of a sta	te con	tractor or	prospective state	e contractor?	Yes			
an event reported in Section L1? If yes, list Event #	XN	ю	If yes, indicate w of government th			nches	Executive	Legislative	X No		105.98	
Method of Contribution:						Date Re		Aggregate Contri	butions	J		
Cash	redit/Debit	Card	Payroll Deduction	Money C	rder	06/26/	2023	115.9	8			
				SUET) TA	L Sec	lon B-This	s Page		·•	1,130.98	
			π(OTAL of	add	itlona	Section B	Pages			23677.06	
TOTALO	FALL		RIBUILIONS FL								24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

Page 45 of 83

							rage 4301 03	
NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Reposi	llory)		T	YPE OF F	REPORT		
Lebron for Hartford				Jl	JL10			
A. Total Contributions from Sm (See instructions for delimition of Small Contrib			riod ONLY SECTION A	\$			0.00	
Last Name	B. Itemized Contrib	outions fro	m Indiv <mark>idua</mark> l	ls		_	lta,	
Davidson		Davida					Mi	
Residential Street Address		City				State	Zip Code	
63 Wilson	A	Hartford		<u></u>		СТ	06106	
Principal Occupation Nurse			Name of Employe Hartford Healt					
or dependent child of a lobbyist?	tribution is in excess of \$400 to a ca contributor or business he/she is ass d at more than \$5,000?	sociated with ha		said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches s with:	prospective state	contractor?	Yes No		150.00	
Method of Contribution: Cash Personal Check Card Credit/Debit Card	Payroll Deduction	Date Re- order 05/05/		Aggregate Contribu 485,39	ilions			
Last Name		First)			MI	
Adhin		Naitram						
Residential Street Address 114 Dix Road, , Wethersfield	-	City Wethersfield	d			State CT	Zip Code 06109-2955	
Principal Occupation Technician			Name of Employe					
or dependent child of a lobbyist?	tribution is in excess of \$400 to a ca contributor or business he/she is ass d at more than \$5,000?	undidate for a ch sociated with ha	ief executive office	er of a municipality, said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	ate contractor or or branches	prospective state		Yes No		250.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card	☐ Payroll Deduction ☐ Money C	Date Re Order 05/06/2		Aggregate Contribu 250.00			•	
Last Name		First	***************************************				MI	
Lopez		Isha						
Residential Street Address 35 Wakefield Circle		City East Hartfo	rd			State CT	Zip Code 06118	
Principal Occupation Paralegal			Name of Employe Law office of C	^{er} Justin Freeman,	LLC			
or dependent child of a lobbyist?	tribution is in excess of \$400 to a ca contributor or business he/she is ass d at more than \$5,000?	sociated with ha		said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches s with:	Executive [Legislative	Yes No		200.00	
Method of Contribution: ☐ Cash ☑ Personal Check ☐ Credit/Debit Card	Payroll Deduction Money C	Date Re Order 05/17/2		Aggregate Contribution 200.00				
	•		ion B - This	Page			600.00	
	TOTAL of	additional	Section B F	² ages			24208.04	
	TRIBUTIONS FROM INC				24,808.0			

I. MONETARY RECEIPTS (Sections A - K)

Page 46 of 83

<u></u>										rage TOOL OO
NAME OF COMMITTEE /P/01	ide Compl	ele Name	as Regisfered with Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford								JUL10		
A. Total Contributio			l Contributors-Receiv			riod ONLY SECTION A	\$			0.00
			B. Itemized Contrib		ns fro	m Individua	İs			
Last Name Clement				First Tenr	ille					MI
Residential Street Address				City					State	Zip Code
27 Adams Road				Bloo	mfield	No.			СТ	06002
Principal Occupation Lpn						Name of Employ	er			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	oution is in excess of \$400 to a cantributor or business he/she is as at more than \$5,000?		d with ha		said municipality	y.	Amour	nt of Contribution
Is this contribution associated with		es	Is contributor a principal of a sta		ractor o			Yes		
an event reported in Section L1? If yes, list Event #	MΝ	o	If yes, indicate which branch of government the contract is		nches	Executive	Legislative	⊠ No		10.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	zedit/Dehit	Card	Payroll Deduction Money C)rder	Date Re 06/18/		Aggregate Cont 50.0			
Last Name	real/DODA	Oald _	Traylon beaution	First						l MI
Flippen				Cath	y					
Residential Street Address				City					State	Zip Code
63 Wakefield Circle				East	Hartfo	1			CT	06118
Principal Occupation Retired						Name of Employ Retired	er			
ts contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		d with h		n said municipality		Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai		_	contractor?	Yes No		50.00
Method of Contribution:					Date Re	eceived	Aggregate Cont	ributions	1	
Cash Personal Check 🛛 C	redit/Debit	Card _	Payroll Deduction Money C	Order	06/26	/2023	100.	00		
Last Name				First						MI
Jones				Mich	aei		<u></u>		Ta: .	A.
Residential Street Address 182 Campfield Avenue				City Hart	ford				State CT	Zip Code 06114
Principal Occupation						Name of Employ	/er		1	
Owner						Finemann Re	estorations LL	C		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		d with h		n said municipality		Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y ⊠ N		Is contributor a principal of a sta If yes, indicate which branch of government the contract i	or brai		_	contractor?	Yes No		30.00
Method of Contribution:						eceived /2022	Aggregate Con		1	
Cash	redit/Debit	Card L		/ko ≅i/sis	06/13	pro solo solo solo solo solo solo solo so	30.0	<i>.</i> U	<u> </u>	
		6 - 6	SUBT	AT(0	L Sec	tion B - This	Page			90,00
			TOTAL of	add	itiona	l Section B	Pages			24718.04
TOTAL C			RIBUTIONS FROM IN (Enter total on Line 13, Col		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		**************************************			24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 47 of 83

NAME OF COMMITTEE (Provi	ide Compi	ele Nami	as Registered with Filing Re	pository)				TYPE OF I	REPORT	
Lebron for Hartford					DOMESTIC PROPERTY AND ADDRESS OF THE PARTY O			JUL10		
A. Total Contribution (See Instructions for definition					STATE OF THE PARTY	riod ONLY L SECTION A	\$			0.00
			B. Itemized Cont	ributic	ons fro	ım Individus	ils	To the second		
Last Name	V.S. C. C. C. C. C. C. C. C. C. C. C. C. C.		220000000000000000000000000000000000000	Firs	t	E Control of the Cont				MI
Roberts				Par	nela				,	
Residential Street Address				City					State	Zip Code
104 Waverly Street				Har	rtford				CT	06112
Principal Occupation						Name of Employ	yer			
Retired						Retired				
	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a intributor or business he/she is at more than \$5,000?		ted with ha		h said municipality		Amoun	nt of Contribution
Is this contribution associated with	Y₁	es	Is contributor a principal of a			r prospective state	e contractor?	Yes		
an event reported in Section L1? If yes, list Event #	N	10	If yes, indicate which bra of government the contra			Executive	Legislative	X No		25.00
Method of Contribution:					Date Re		Aggregate Contrib	butions	1	
Cash Personal Check Cr	edit/Debit	Card	Payroll Deduction Mone	ey Order	05/07/	/2023	30.00	<i>;</i>		
Last Name			CONTRACTOR CONTRACTOR	First	t			ye a reason a reason a la relación (la granda e reason).	1,1,11,11,11,1,11,11,11,11,11	МІ
Clement				Ter	nnille				I	
Residential Street Address			-	City	ı				State	Zip Code
27 Adams Road				Blo	omfield			I	CT	06002
Principal Occupation						Name of Employ	yer			
Lpn						-				
	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a intributor or business he/she is at more than \$5,000?		ted with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	□ Y		Is contributor a principal of a			r prospective state	e contractor?	Yes		10.00
If yes, list Event #	XN	.0	If yes, indicate which bra of government the contra			Executive	Legislative	X No		10.00
Method of Contribution:					Date Re	eceived	Aggregate Contril	butions		
Cash Personal Check XCr	edit/Debit	Card	Payroll Deduction Mon	ey Order	04/18/	/2023	50.00)		
Last Name	<u> </u>			Firs	t					MI
Santana				Cas	ssandra	1				
Residential Street Address				City	1			-	State	Zip Code
291 Buckingham Street	<u></u>			Har	rtford				CT	06106
Principal Occupation						Name of Employ	yer			
Assistant						Inter Commu	inity			
	☐ Yes ☑ No	does cor	bution is in excess of \$400 to intributor or business he/she is at more than \$5,000?		ted with h		n said municipality	ı	Amour	nt of Contribution
Is this contribution associated with		es	Is contributor a principal of a					Yes		200
an event reported in Section L1? If yes, list Event #	ΧN	.о	If yes, indicate which bra of government the contra			☐ Executive	Legislative	X No		250.00
Method of Contribution:					Date Re	eceived	Aggregate Contril	butions		
☐ Cash ☐ Personal Check ☐ Cr	edil/Debit	Card	Payroll Deduction Mon	ey Order	06/24/	/2023	250.00	٥	<u> </u>	
	i i		SUI	зтота	L Sec	tion B - This	s Page			285,00
			TOTAL	of add	litiona	l Section B	Pages			24523.04
TOTALO	FALL		RIBUTIONS FROM I (Enter-total on Line 13)							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 48 of 83

NAME OF COMMITTEE (Prov	vide Compi	lete Name	s as Registered with Filing Reposi	тогу)			Transfer of the Transfer of th	YPE OF F	REPORT	rage 4001 00
Lebron for Hartford							Jl	UL10		
A. Total Contribution (See Instructions for definition			II Contributors-Receive			riod ONLY SECTION A	\$		(CONTRACTOR CONTRACTOR	0.00
			B. Itemized Contrib	utior	ns fire	m Individua	S		==	
Last Name Chambers		Green and a second		First Micha	വ				With the same of t	МІ
Residential Street Address				City				<u></u>	State	Zip Code
2 Congress Street				Hartfo	ord			ļ	СТ	06114
Principal Occupation Attorney						Name of Employe Self	er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		d with ha		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a stat If yes, indicate which branch of government the contract is	or brands with:	lractor or nches	r prospective state	contractor?	Yes No		500.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	t Card	Payroll Deduction Money C	- 1	Date Re 04/26/		Aggregate Contribu			
Last Name	Josephania	***************************************		First	<u> </u>	phononino materia, estatuta de secretario de		<u> </u>		MI
Grant				Tieka	1				1	
Residential Street Address 45 Belden Street Apt. A1				City Hartfo	ord			,	State CT	Zip Code 06120
Principal Occupation Lead Medical Assistant						Name of Employe	rer Health Center		,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		d with ha		n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a state If yes, indicate which branch of government the contract is	or bran			contractor?	Yes No		25.00
Method of Contribution: ☐ Cash ☐ Personal Check	redit/Debit	Card	Payroll Deduction Money C	1	Date Re 06/03/	eceived /2023	Aggregate Contribu	itions		
Last Name Citron				First Lizzy	<i></i>					MI
Residential Street Address		<u></u>		City					State	Zip Code
142 School House Rd				New	ington				СТ	06111
Principal Occupation Clinical Coordinator						Name of Employed American Sch	_{rer} hool for the Deaf	f		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		d with ha	Hief executive office	er of a municipality, n said municipality		Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #			Is contributor a principal of a state of yes, indicate which branch of government the contract is	or bran s with:	nches	r prospective state	contractor?	Yes No		50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	credit/Debit	t Card]Payroll Deduction		Date Re 06/23/		Aggregate Contribution 100.00			
	T.		SUET	IATC	_ Sec	tion B - This	Page		·	575.00
		in the second	TOTAL of	addi	tiona	l Section B R	Pages			24233.04
TOTALO)F ALL		RIBUTIONS FROM IND (Enter total on Line 13, Gold							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 49 of 83

NAME OF COMMITTEE (Providence)	de Comp	lele Nami	as Registered with Fills	ng:Fleppsilo	iny)				TYPEOF	HEPORT	
Lebron for Hartford			41						JUL10		
A. Total Contribution (See instructions for definition							iod ONLY SECTION A	\$			0.00
		uz sa								4	
Last Name			B. Itemized C	7 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2	i tior First	ns fror	n Individua	İs			MI
Evans				1	r iist Kathy	y					1013
Residential Street Address	***************************************			(City		<u>.</u>	<u></u>		State	Zip Code
105 Newington Avenue				H	-lartf	ford				СТ	06106
Principal Occupation							Name of Employe	er			
Development Director		Tir contril	the talk avenue of \$40	22	" data		Opmad	··· + f = injunality		1 1	· · · · · · · · · · · · · · · · · · ·
	Yes No	does cor	bution is in excess of \$40 ntributor or business he/s at more than \$5,000?			d with hav		n said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	□Y ⊠N		Is contributor a principa			nches .	. '	contractor?	Yes		25.00
If yes, list Event #	۰۰۱۱۲۲۱	ю	of government the c		with:	[Legislative	☑ No		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Cre	edit/Debi	t Card	Payroll Deduction	I _{Money Orc}		Date Red 06/27/2		Aggregate Contraction 25.0			
Last Name	JUID 20 2	. Ошти	If ayron Dodgotton		First						MI
Vega					∃list∈	е					
Residential Street Address		1		- (City					State	Zip Code
330 Park Road				٧	Vest	t Hartfo	rd			СТ	06119
Principal Occupation		***************************************					Name of Employ	er		<u></u>	
Manager						!	Edible Arrang	jements			<u> </u>
	☐ Yes ☑ No	does cor	bution is in excess of \$40 ntributor or business he/s at more than \$5,000?			d with hav		n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y 		Is contributor a principal If yes, indicate which of government the contributions.	ch branch oi	r bran	nches		contractor?	Yes No		10.00
Method of Contribution:			or government are c	William io ii		Date Rec		Aggregate Contr		1	
Cash Personal Check Cre	edit/Debit	t Card	Payroll Deduction]Money Ord	ler 📗	05/10/2	2023	10.0			
Last Name					First						МІ
Ortiz				<u> </u>	Yolaı	nda					
Residential Street Address 303 Timrod Road					City	-11				State	Zip Code
			-	11/	vian.	chester				СТ	06040
Principal Occupation Regional Coordinator							Name of Employe Ccfsa	er			
	☐Yes XNo	does cor	bution is in excess of \$40 ntributor or business he/s at more than \$5,000?			e for a chi	ief executive office	n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	_\ \\\\\		Is contributor a principa If yes, indicate which of government the c	ch branch oi	r bran	tractor or i	prospective state		Yes No		25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Cre	edit/Debi	t Card	Payrolf Deduction	IMoney Orr	1	Date Red 05/31/2		Aggregate Control			. ,
Totali Li otalia citali	Suit Deb.	- Card		7.00 Min			ion B - This			<u> </u>	60.00
							Section B I				60.00 24748.04
TOTAL OF	EALL	CONT	RIBUTIONS FRO		- k- 2				<u></u> -		24740,07
TOTAL OF	ALL		(Enter total on Line								24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 50 of 83

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R.	lejpository)	4			FYPE OF F	REPORT	
Lebron for Hartford					JUL10		
A. Total Contributions from Small Contributors-Rec		s Period (\$			0.00
(See Meaning of Monthlet Community Manager, 1997)					\ .:		
B. Itemized Con	ıtributions	s from Inc	lividuai	Š			30 J.
Last Name Salaman	First Mariso	oit —					MI
Residential Street Address	City					State	Zip Code
468 Woodbridge Street Unit 25	Manch					CT	06042
Principal Occupation Fiscal Officer			of Employe of Conn				:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				said municipality	•	Amour	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which broof government the contributor of government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and principal of If yes, indicate which broof government the contributor and If yes, indicate which broof government the contributor and If yes, indicate which broof government the contributor and If yes, indicate which broof government the contributor and If yes, indicate which broof government the contributor and If yes, indicate which are indicated and If yes, i	ranch or brancl		_	contractor?	Yes No		25.00
Method of Contribution:	I .	ate Received		Aggregate Contri			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mol	ney Order U	6/01/2023		25.00)		ÎMI
Bronner	Christo	opher					144
Residential Street Address 66 Green Acres Road	City Harwir	nton			_	State CT	Zip Code 06791
Principal Occupation car dealer		Name	of Employe	er	<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				said municipality	3	Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ranch or branci	hes	_	contractor?	Yes No		5.00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	I "	ate Received 16/29/2023		Aggregate Contri 5.00			
Last Name	First	<u> :</u>		<u> </u>		1	MI
Reid	Ethan						
Residential Street Address 37	City Glasto	onbury				State CT	Zip Code 06033
Principal Occupation Finance			of Employe an Stanl		MA		
Is contributor a lobbyist, spouse, or dependent child of a tobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				said municipality	1	Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ranch or branc	actor or prospe	ective state		Yes No		500.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	I	ate Received 06/30/2023		Aggregate Contr			
	JETOTAL		3 = This			1	530.00
TOTAL	Leof additi	ional Sec	lion B I	Pages :			24278.04
TOTAL OF ALL CONTRIBUTIONS FROM							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 51 of 83

NAME OF COMMITTEE (Pro	ride Compi	ele Name	as Registered with Filing Reposi	l(ory)				YPEOF	REPORT	Page 010, 00
Lebron for Hartford							J	JL10		
A. Total Contributio (See Instructions for definition			l Contributors-Receive (cr)			riod ONLY SECTION A	\$			0.00
Last Name		32 S.	B. Itemized Contrib	outio First	A STATE OF THE STA	m Individua	ls_	79	-1f	l Mi
Fredlund				Jaso						MI
Residential Street Address 54 New Park Ave				City Hart	tford	, , , , , , , , , , , , , , , , , , , ,			State CT	Zip Code 06106
Principal Occupation Consultant						Name of Employ	et			00,00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		ed with ha	hief executive office ave a contract with	n said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution:	□Y ⊠N	'es lo	ls contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai s with:	ntractor or anches Date Re	Executive [contractor? Legislative Aggregate Contribu	Yes No		25.00
Cash Personal Check 🛈 C	redil/Debit	Card 🔲	Payroll Deduction Money O	,	06/26/	/2023	75.00			
Last Name Whitaker			•	First Aish						MI I
Residential Street Address				City					State	Zip Code
57 Ford Road				Wind	dsor				CT	06095
Principal Occupation						Name of Employ	er			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	outlon is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		ls contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	inches	r prospective state		Yes No		25.00
Method of Contribution: ☐ Cash ☐ Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money O		Date Re 06/29/		Aggregate Contribu 25.00	itions		
Last Name				First						MI
Powell		<u></u>		Josh	nua ———		***			
Residential Street Address 501 S Lake Dasha Dr			1	City	ntation				State	Zip Code
Principal Occupation				lai		Talema of Employ			FL	33324
Software Engineer						Name of Employ Excella	er			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes XNo	does con	oution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	nches	r prospective state	contractor?	Yes No		250.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Dehit	Card	Payroll Deduction Money C)rder	Date Re 06/21/		Aggregate Contribution 1,250.00			
Oddin Chronial Chloric	Teur Door.	Card		(1) (2)		tion B - This		<u></u>		300.00
		# 17	TOTAL of	add	itiona	 Section B	Pages			24508.04
TOTAL O	FALL		RIBUTIONS FROM INE (Enter total on Line 13, Coll	A THE STATE OF THE	r francisco de la constitución d					24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 52 of 83

		and the second		dana dalah dalah						
NAME OF COMMITTEE (Prov.	ide Compl	ete Name	e as Registered with Filing Reposi	tory)			1	YPE OF F	REPORT	
Lebron for Hartford							J	UL10		
A, Total Contribution (See Instructions to addinition			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00
			5. (temized Contrib	utio	ns fro	m Individus	ls			100 mg - 100
Last Name				First						MI
Brown				Chri	stophe	r				T.
Residential Street Address				City					State	Zip Code
29 Birchwood Road				Wind	dsor				CT	06095
Principal Occupation						Name of Employ	rer .			
Librarian						Hpl				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of \$400 to a ca intributor or business he/she is as at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution
Is this contribution associated with		es	Is contributor a principal of a sta			r prospective state	contractor?	Yes		05.00
an event reported in Section L1? If yes, list Event #	ХN	0	If yes, indicate which branch of government the contract is		nches	Executive	Legislative	⊠ No		25.00
Method of Contribution:					Date Re	eceived	Aggregate Contrit	utions		
☐ Cash ☐ Personal Check 🛛 Ci	redit/Debit	Card _	Payroll Deduction Money C	rder	04/16/	/2023	25.00			
Last Name				First						МІ
Toll				Dac	ia					
Residential Street Address				City					State	Zip Code
127 Everit Street				New	/ Haver	1			CT	06511
Principal Occupation						Name of Employ	/er			
Education Executive						Coursemojo				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with h		h said municipality		Amour	nt of Contribution
Is this contribution associated with	Y	es	Is contributor a principal of a sta					Yes		
an event reported in Section L1? If yes, list Event #	×	o	If yes, indicate which branch of government the contract is			Executive	Legislative	X No		350.00
Method of Contribution:					Date Re	eceived	Aggregate Contril	outions		
Cash Personal Check 🛛 C	redii/Debit	Card	Payroll Deduction Money C	rder	06/29	/2023	650.0			
Last Name				First					•	MI
Sanchez				Clau	ıdia		-			
Residential Street Address				City					State	Zip Code
105 New Britain Avenue				Hart	lford				СТ	06106
Principal Occupation				•		Name of Employ	yer			
Retired						Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with h		h said municipality		Amoui	nt of Contribution
Is this contribution associated with	ΟY	es	Is contributor a principal of a sta			r prospective state	e contractor?	Yes]	00.00
an event reported in Section L1? If yes, list Event #	MΣ	О	If yes, indicate which branch of government the contract is			☐ Executive	Legislative	X No		20.00
Method of Contribution:					Date R	eceived	Aggregate Contri	outions		
Cash	redit/Debit	Card [Payroll Deduction Money C	Order	05/10	/2023	20.00	1		
	u.		SUBT	OTA	L Sec	tion B - This	s Page			395,00
			TOTAL of	(a)(b)(s)	illioma	l Section B	Pages			24413.04
TOTALO	FALL	©(O)Nhi	RIBUTIONS FROM IN. (Entertotal on Line 19, Gol							24,808.04

I. MONETARY RECEIPTS (Sections A - K)

Page 53 of 83

										Page 5501 65
NAME OF COMMITTEE (Pro-	vide Complet	e Name	as Registered with Filing Repos	lory)				TYPE OF I	REPORT	1 VIII
Lebron for Hartford								JUL10		
A. Total Contributio		Brook and Brook St	Contributors-Receiv			riod ONLY L SECTION A	\$			0.00
(See: Notice to the mailting)	in or aman or		<u>u</u>	2012	IUIA	2. 51 E VIN E N. 1.			WO-77-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
			B. Itemized Contrib	utio	ns fro	m Individua	ıls .			
Last Name Hentschel				First Dolo	res					MI
Residential Street Address				City					State	Zip Code
31 Woodland Street				Hart	tord	T			СТ	06105
Principal Occupation Leadership Trainer						Name of Employ Leadership (_{/er} Greater Hartfo	rd		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	L res	loes con	ution is in excess of \$400 to a ca stributor or business he/she is as t more than \$5,000?		ed with h		h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes	,	Is contributor a principal of a sta					Yes		250.00
If yes, list Event #	∑ No		If yes, indicate which branch of government the contract is		ncries	Executive	Legislative	⊠ No		250.00
Method of Contribution: ☐ Cash ☐ Personal Check	redit/Debit C	ard 🔲	Payroll Deduction	rder	Date R 06/11	eceived /2023	Aggregate Con 250.			
Last Name				First						MI
Lean				Sam	nuel					
Residential Street Address 72 Breeswood Drive				City Wind	dsor				State CT	Zip Code 06095
Principal Occupation				!		Name of Employ	yer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	TO No.	loes con	ution is in excess of \$400 to a ca tributor or business he/she is as t more than \$5,000?		ed with h		h said municipality		Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	•	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	tractor c	or prospective stat	· /	Yes No		5.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ C	redit/Debit C	ard \square	Payroll Deduction Money C			eceived /2023	Aggregate Con			
Last Name			-	First					I	МІ
Gomez				Victo	or					
Residential Street Address				City Hart	ford				State CT	Zip Code 06106
Principal Occupation Retired						Name of Emplo	yer		I	<u>, , , , , , , , , , , , , , , , , , , </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	To Yes	toes con	ution is in excess of \$400 to a ca tributor or business he/she is as t more than \$5,000?		ed with h		h said municipalit		Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	1	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	tractor o			☐ Yes ☒ No		100.00
Method of Contribution: ☐ Cash ☐ Personal Check	redil/Debit C	ard 🔲	Payroll Deduction Money C	rder		eceived /2023	Aggregate Con 100.			
					L Sec	tion B - Thi	s Page		1	355.00
			TOTAL of	add	itiona	l Section B	Pages		·	24453.04
TOTAL O			RIBUTIONS EROM INC							24,808.04

Page 54 of 8	3
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HEART DRICES A SOLO	***************************************			rage 340! 03
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	oosilony)	TYPE OF	REPORT	
Lebron for Hartford		JUL10		
A, Total Contributions from Small Contributors-Rece	ived this Period ONLY SUBTOTAL SECTION A	\$		0.00

B. Itemized Cont	ilbutions from Individua	Ís		
Last Name	First			MI
Вар	Robert			
Residential Street Address	City		State	Zip Code
300 Sargent Street	Hartford		СТ	06105
Principal Occupation	Name of Employ	er		
Is contributor a tobbyist, spouse, or dependent child of a lobbyist? Yes No. If contribution is in excess of \$400 to a does contributor or business he/she is valued at more than \$5,000?	candidate for a chief executive offic associated with have a contract with Yes XN	sald municipality	Amou	int of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which braid of government the contral.		contractor? Yes Legislative No		5.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received 06/29/2023	Aggregate Contributions 5.00		

5.00	SUBTOTAL Section B - This Page
24803.04	TOTAL of additional Section B Pages
24,808.04	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Golumn 4 of Summary Page Totals)

I. MONETARY RECEIPTS (Sections A - K)

ricersed onlinery 2013				Page 5501 6
NAME OF COMMITTEE (Provide Comp	ileta Name as Registered with	Filing Repository)		TYPE OF REPORT
Lebron for Hartford				JUL10
H. Personal Fu	ınds of the Candida	te Received this i	Period <i>(Candidate Co</i>	ommittee ONLY)
Date of Receipt	Method of Payment:			Amount
06/29/2023	☐ Cash	Personal Check	Credit/Debit Card	1,000.00

TOTAL SECTION H

III. NONMONETARY RECEIPTS (Sections M-O)

Page 56 of 83

NAME OF COMMITTEE AProvide Compl	letë Name as Registered w	ith Filling Repos	itory)			YPE OF I	REPORT	
Lebron for Hartford					J	UL10		
To the second se		M. In-Kind	Contribut	lons			ja -	
Name								
Davida Davidson							1	
Street Address 63 Wilson			City Hartford				State	Zip Code
	Date Received	Aggregate Co		D			CT	06106
Type of Contributor: Committee Individual / Sole Proprietorship Other	05/10/2023	485.39	innoullons	Description of I	n-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is as	sociated with ha	ive a contract w				Market Value is Contribution
Is this contribution associated with an event reported in Section L1?	If yes, indicat	principal of a sta te which branch nt the contract is	or branches	prospective sta	te contractor?	Yes No		60.39
Name								
99 Cents Plus Bargain								:
Street Address			City				State	Zip Code
1291 Albany Avenue			Hartford				CT	06112
Type of Contributor: Committee	Date Received	Aggregate Co	ntribulions	Description of I	n-Kind Contribution			
☐ Individual / Sole Proprietorship ☐ Other	05/01/2023	3.17		Office Supp	lies			
Is contributor a tobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is as	sociated with ha	ive a contract w				r Market Value is Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	le If yes, indicat	principal of a sta te which branch nt the contract is	or branches	prospective sta	te contractor?	Yes No	!	3.17
Name		2010 B		To the second				**************************************
Nick Lebron								
Street Address			City				State	Zip Code
192 Laurel St			Hartford				СТ	06105
Type of Contributor: Committee Mindividual / Sole Proprietorship Other	Date Received 06/26/2023	Aggregate Co	ontributions		In-Kind Contribution aid for food and	supplies	for fundr	aising event
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is as	sociated with h	ave a contract w				r Market Value ils Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indica	principal of a sta te which branch nt the contract is	or branches	r prospective sta	ate contractor?	Yes No		664.98
		SUB	TOTAL Sec	tion M — Ti	nis Page			728.54
		TOTAL	of addition	al Section I	M Pages			0,00
TOTAL OF ALL IN-KIND CONTR	IBUTIONS (En	ler total on Elh	e 23, Golumn A	of Summary I	Page Totals)			728.54

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Page 57 of 83

NAME OF COMMITTEE	. (Provide Complete Name as Registered with Filing Repos	ilory)			TYPE O	REPOR	Page 37 of 83
Lebron for Hartford					JUL10		
	P. Expenses	Paid by Commit	tee				
Name of Payee				Date of Payment:		Method of I	
Anedot				06/26/2023		Debit C	
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans	-	<u>.</u>		LA	70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Eve	ent #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	ture) 🔲 Ind	depen	ŕ	oD		10.30
Name of Payee				Date of Payment:		Method of I	
Michelle Buddy				05/02/2023		Debit C	
Street Address		City				State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions		Eve	ent#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requiversity None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	ture) 🔲 Ind	depen		οD		30.00
Name of Payee				Date of Payment:		Method of	
Anedot				04/17/2023		Check	
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Eve	ent#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	ture) 🔲 in	depen	·	oD		1.30
Name of Payee				Date of Payment:		Method of X Check	Payment # 103
NE Video Entertainme	ent			04/11/2023		☐Debit C	
Street Address 35 1/2 Walker Street		City Manchester				State CT	Zip Code 06040
Purpose of Expenditure (by code) CNSLT	Descriptions Marketing, Videography		Eve	ent#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	ture) 🔲 Inc	depen	·	oD		1,000.00
		TOTAL Section F	TO SERVICE STREET				1,041.60
	TOTAL	of additional Se	ction	n P Pages			61779.41
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY	A C (20 a Sec.)				62,821.01

Revised January 2015							Page So of 83
NAME OF COMMITTEE	: (Provide Complete Name as Registered with Filing Rapos	ittory)			TYPE OF	FREPORT	2002-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Lebron for Hartford			<u> </u>		JUL10		
	P. Expenses 1	Paid by Committe	ee				
Name of Payee				Date of Payment:		Method of F	
Howard Fair				05/17/2023		Debit C	1
Street Address		City	_			State	Zip Code
896 Asylum Avenue		Hartford				CT	06105
Purpose of Expenditure (by code)	Descriptions		Eve	nt#			Amount
WAGE	Staff Wage						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	lired unless "None of th	ie bel	low" is checked)			156.25
(a sperior)	None of the below Coordinated with reimbursement sought (joint expendinated) None of the below	iture) Inde	epend	dent			
	Coordinated without reimbursement sought (in-kind co		•	ation: oA oB oC	oD		
Name of Payee	ACCOUNT TO THE PARTY OF THE PAR	N-T-Millian - Millian	Date of Payment:	######################################	Method of F		
CVS				06/14/2023		Debit C	
Street Address		City				State	Zip Code
1044 Boulevard		West Hartford				СТ	06119
Purpose of Expenditure (by code)	Descriptions		Eve	nt #			Amount
WAGE							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of th	ie bei	low" is checked)		İ	233.85
(п аррисамо)	None of the below Coordinated with reimbursement sought (joint expendi	itura) 🔲 Ind	epend	dont			
	Coordinated with remoursement sought (lonkind co	-	•	ution: oA oB oC	oD		
Name of Payee				Date of Payment:		Method of F	
Dunkin Donuts				06/17/2023		Debit C	
Street Address		City				State	Zip Code
255 Farmington Ave		Hartford				СТ	06105
Purpose of Expenditure (by code)	Descriptions		Eve	nt#			Amount
FOOD	staff breakfast						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of th	ne bei	low" is checked)			49.38
in approach,	None of the below Coordinated with reimbursement sought (joint expendi	iture) 🔲 Ind-	epend	dent			
	Coordinated without reimbursement sought (in-kind co		•		оD		
Name of Payee				Date of Payment:		Method of F	
Family Dollar				04/13/2023		☑ Debit C	***
Street Address		City				State	Zip Code
190 Farmington Avenu	ue	Hartford				СТ	06105
Purpose of Expenditure (by code)	Descriptions		Eve	nt #			Amount
OFFICE	office supplies						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	iired unless "None of th	ne bei	low" is checked)		1	9.57
(II аррньамы)	None of the below Coordinated with reimbursement sought (joint expendi	lpd.	epend	dont			
	Coordinated with reimbursement sought (lon-kind co	·	•	ation: oA oB oC	oD		·
		TOTAL Section P	= 1	his Page			449.05
	TOTAL	L of additional Sec	tion	P Pages			62371.96
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY					62,821.01

Revised January 2015				Page 59 _{0f} 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illoni)	ТУР	E OF REPORT
Lebron for Hartford			JUL	.10
Name of Payee	P. Expenses I	Paid by Committe	Date of Payment:	Method of Payment
Dunkin Donuts			05/27/2023	☑ Check # Debit Card □ EFT
Street Address 255 Farmington Ave		City Hartford		State Zip Code CT 06105
Purpose of Expenditure (by code) FOOD	Descriptions staff breakfast	[Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind co	66.26		
Name of Payee		The Control of the Co	nization: oA oB oC oD Date of Payment:	Method of Payment
Candice Dormon			06/06/2023	
Street Address 26 Roydon Road		City New Haven		State Zip Code CT 06511
Purpose of Expenditure (by code) WAGE	Descriptions wage	I	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requine None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indep	e below" Is checked) pendent nization: oA oB oC oD	2,500.00
Name of Payee			Date of Payment:	Method of Payment
Max Downtown			05/17/2023	Check #EFT
Street Address 185 Asylum Street		City Hartford		State Zip Code CT 06103
Purpose of Expenditure (by code) FOOD	Descriptions Fundraiser		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization In Addendum P Requint None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indep		234.24
Name of Payee			Date of Payment:	Method of Payment
Anedot			04/03/2023	☐ Check #EFT
Street Address 1340 Poydras Street		City New Orleans		State Zip Code LA 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below) Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind co	iture) 🔲 Indeș	e below" is checked) pendent nization: oA oB oC oD	6.70
	SUB	TOTAL Section P	- This Page	2,807.20
	TOTAL	_ of additional Secti	ion P Pages	60013.81
		PENSES PAID BY C		62,821.01

Revised January 2015				Page 60 of 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filling Repos	illory)	TYP	E OF REPORT
Lebron for Hartford			JUL	_10
	P. Expenses	Paid by Committe		
Name of Payee			Date of Payment:	Method of Payment Check #
Anedot			04/29/2023	☑ Check # ☑ Debit Card ☐ EFT
Street Address		City		State Zip Code
1340 Poydras Street	· ·	New Orleans		LA 70112
Purpose of Expenditure (by code)	Descriptions		Event #	Amount
BNK	Anedot Fees			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked)	3.60
(II аррисаон е)	None of the below Coordinated with reimbursement sought (joint expendi		pendent	
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co		ependent anization: oA oB oC oD	_
Name of Payee			Date of Payment:	Method of Payment
Amazon			05/20/2023	☐ Check # ☑Debit Card ☐ EFT
Street Address		City		State Zip Code
410 Terry Avenue Nor	rth	Seattle		WA 98109
Purpose of Expenditure	Descriptions		Event #	Amount
(by code) OFFICE				
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked)	60.49
(if applicable)	None of the below		•	00.70
	Coordinated with reimbursement sought (joint expendi		ependent anization: oA oB oC oD	
Name of Payee	Coordinated without reimbursement sought (in-kind co	outhoriton) C1 Orga	Date of Payment:	Method of Payment
Candice Dormon			04/06/2023	Check #_100
Street Address		T _{Cth.} .		Debit Card EFT
26 Roydon Road	1	City New Haven		State Zip Code CT 06511
Purpose of Expenditure	Descriptions	<u> </u>	Event #	Amount
(by code)	Reimbursement to Candice Dormon		EAGIL II	
WAGE		'	- t - t	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	urea uniess quone or me	∌ Delow" is checkeaj	5,000.00
	Coordinated with reimbursement sought (joint expendi		ependent	
	Coordinated without reimbursement sought (in-kind co	ontribution) Orga	Date of Payment:	Method of Payment
Name of Payee Anedot			06/01/2023	Check #
Ariedol			00/01/2023	☑Debit Card ☐EFT
Street Address		City		State Zip Code
1340 Poydras Street		New Orleans	<u> </u>	LA 70112
Purpose of Expenditure (by code)	Descriptions		Event #	Amount
BNK	Anedot Fees			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked)	1.30
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None of the below Coordinated with reimbursement sought (joint expendi	diture) Inde	ependent	
	Coordinated without reimbursement sought (in-kind co	_	anization: oA oB oC oD	
	SUI	BTOTAL Section P -	— This Page	5,065.39
	TOWN	L SEAPHIBANISAN	Les Places	57755 60
		L of additional Sect		57755.62
		(PENSES PAID BY (e 19 Column 4 of Summe		62,821.01

Done	61 of	03
Page	9 (0)	00

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illory)		TYPI	E OF REPORT	
Lebron for Hartford				JUL-	10	
	P, Expenses I	Paid by Com	mittee			
Name of Payee				Date of Payment:	Method of I	
Anedot		***************************************		06/24/2023	Debit C	
Street Address 1340 Poydras Street		City New Orleans	ODDOTTALE		State LA	Zip Code 70112
Purpose of Expenditure (by code)	Descriptions	1	Eve	ent #		I Amount
BNK	Anedot Fees		and the state of t			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)					11.20
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) L] Organiza	ation: oA oB oC oD Date of Payment:	Method of I	P
Kasaad Bullock				05/28/2023	Melhod of I Check	#_125
Street Address 45 Ellsworth St		City			State	Zip Code
		West Haven			СТ	06516
Purpose of Expenditure (by code) CNSLT	Descriptions Photography		Eve	ent #		Amount
Expenditure # (if applicable)						300,00
Name of Payee	Good and a state of the state o	rianoution)	Jorganiza	Date of Payment:	Method of I	
CT Democratic Party				05/02/2023	Check	
Street Address 750 Main Street Ste. 1	1108-3	City Hartford			State CT	Zip Code 06103
Purpose of Expenditure (by code)	Descriptions 2023 VAN Contract		Eve	ent #		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "Non-	of the be	olow" is chacked)		
(if applicable)	None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought reimbursement sought (in-kind coordinated without reimbursement sought reimbursement sought reimbursement sought reimbursement sought reimbursement sought reimbursement sought reimbursement sought reimbursement sought reimbursement reimbursement sought reimbursement sought reimbursement sought reimbursement reimbursement sought reimbursement sought reimbursement reimbursement re	iture)] Independ	,		800.00
Name of Payee		1101100000000		Date of Payment:	Method of I	
Angel Figueroa Street Address		1		05/02/2023	☑ Check ☐ Debit C	Card DEFT
29 Guilford St		City Hartford			State CT	Zip Code 06120
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		Eve	ent #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind co	iture)	Independ	·		265.00
	SUB	ITOTAL Sectio				1,376.20
	TOTAL	. of additional	Section	ı.P∶Pages		61444.81
	TOTAL OF ALL EXI (Enter total on Line		The state of the s			62,821.01

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).	ige ⁶² of 83
	100
Lebron for Hartford JUL10	
P. Expenses Paid by Committee	
Name of Payee Date of Payment: Method of Payment: Method of Payment: X Check # 12	
Isis Wylie 05/31/2023 Debit Card	EFT
Street Address City State Zip	Code
	106
(by code)	ount
WAGE Canvasser	
/if applicable **	.20
None of the below Coordinated with reimbursement sought (joint expenditure) Independent	
Coordinated without reimbursement sought (in-kind contribution) Organization; oA oB oC oD	
Name of Payee Date of Payment: Method of Paym Check #	nent
Anedot 06/08/2023 Debit Card	□ EFT
1040 Paveline Street	Code
	112
(by code)	ount
BNK Anedot Fees	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) [X] None of the below 24	.60
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 Date of Payment: Method of Payment Date of P	ent
☑ Debit Card	□EFT
4040 Bourland Olyant	Code
	112
(by code)	, out
BINK	
Expenditure # Type of Expenditure (ItemIzation in Addendum P Required unless "None of the below" is checked) (If applicable) None of the below	70
Coordinated with reimbursement sought (joint expenditure) Independent	
Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD Name of Payee Date of Payment: Method of Paym	nent
Olive Garden	
Debit Card	EFT
AMAN BALA AND	Code
	110 Jount
(by code)	.can
FOOD	
Expenditure # Type of Expenditure (Itemization in Addendum P Regulred unless "None of the below" is checked) [X] None of the below	1.68
·	
Coordinated with reimbursement sought (joint expenditure)	
Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD	
Coordinated with reimbursement sought (joint expenditure)	394.18
Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD	394.18 62426.83

Revised January 2015						Page ⁶³ of 83
NAME OF COMMITTEE	(Frovide Complete Name as Registered with Filing Repos	sllory)	The state of the s	TYPEO	FREPORT	1
Lebron for Hartford				JUL10		
	P. Expenses	Paid by Committe	10			
Name of Payee			Date of Payment:		Method of I	
Rinconcito Peruano			06/14/2023		Check	
Street Address		City		_	Debit C	1
391 Main Street		Hartford			CT	Zip Code 06106
Purpose of Expenditure	Descriptions		Event #		<u> </u>	Amount
(by code)	Descriptions		LVGIR #			71
FOOD				<u></u>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	uired unless "None of the) below" is checked)			43.00
	Coordinated with reimbursement sought (joint expendi	riture) Inder	pendent			
	Coordinated without reimbursement sought (in-kind co		nization: oA oB oC	оD		
Name of Payee		*****	Date of Payment:	MPI	Method of I	
Wolfies Inflatables			06/28/2023		Debit C	
Street Address		City			State	Zip Code
153 Bushnell Street		Hartford			СТ	06114
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	 uired unless "None of thε	e below" is checked)		1	1,974.51
(if applicable)	None of the below					1,014,01
	Coordinated with reimbursement sought (joint expendi	· _ ·	pendent			
Name of Payee	Coordinated without reimbursement sought (in-kind co	entribution)	Date of Payment:	οD	Method of I	Parmant
Anedot					Check	
Alledot		•	06/28/2023		⊠Debit C	ard DEFT
Street Address	.1	City			State	Zip Code
1340 Poydras Street		New Orleans			LA	70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees		1			
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked)		†	39,50
(if applicable)	None of the below	_				60,00
	Coordinated with reimbursement sought (joint expendi		pendent	_		
Name of Payee	Coordinated without reimbursement sought (in-kind co	intribution) Urgai	anization: oA oB oC Date of Payment:	οD	Method of	Payment
Max Downtown			05/17/2023		Check	
			03/11/2020		☑Debit C	Dard EFT
Street Address		City			State	Zip Code
185 Asylum Street		Hartford			CT	06103
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
FOOD	Fundraiser		l		\	•
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked)		†	69.70
(if applicable)	None of the below	_				ļ
	Coordinated with reimbursement sought (joint expendi		pendent	-5		
			anization: oA oB oC	<u>6D</u>		
	SUB SUBSTRACTION OF THE PROPERTY OF THE PROPER	3TOTAL Section P -	- This Page			2,126.71
	TOTA	L of additional Secti	ion P Pages			60694,30
		(PENSES PAID BY 0 9 19, Column A of Summa				62,821.01

Page 64 of 83

Revised January 2015			diameter (A)	the state of the s			Page of or os
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	ifory)			TYPE O	REPORT	
Lebron for Hartford					JUL10		
	P. Expenses	Paid by Commit	ee				
Name of Payee			MH-ONE COM	Date of Payment:		Method of I	
363 Main Stret				06/15/2023		Check	1
Street Address		los				Debit C	
363 Main Street		City Hartford				State	Zip Code
		I lartiold				CT	06106
Purpose of Expenditure (by code)	Descriptions		Eve	ent #			Amount
OVHD	Rent						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of ti	he be	low" is checked)			1,500.00
(if applicable)	∑ None of the below	_					.,
	Coordinated with reimbursement sought (joint expend		lepen				
None of Days	Coordinated without reimbursement sought (in-kind co	ontribution) U Org	janiza	ation: oA oB oC	οĐ	Mathodof	Darmont
Name of Payee				Date of Payment:		Method of I	
Jordanna Hertz				04/11/2023	:	Debit C	ard DEFT
Street Address		City				State	Zip Code
54 Concord Street		West Hartford				СТ	06119
Purpose of Expenditure	Descriptions		Eve	ent #			Amount
(by code)	Marketing						
CNSLT			ᆚ				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of t	he be	rlow" is checked)			700.00
,,, _,,,,	None of the below			4-4			!
	Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	_	lepen raniza	ation: oA_oB_oC_	οD		
Name of Payee			,	Date of Payment:		Method of	Payment
Dunkin Donuts				05/06/2023		Check	
·						⊠Debit C	ard EFT
Street Address		City				State	Zip Code
255 Farmington Ave		Hartford				CT	06105
Purpose of Expenditure	Descriptions		Eve	ent #			Amount
(by code) FOOD	staff meal						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of t	he he	olow" is checked)		1	00.00
(if applicable)	None of the below		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 01,00,000			68,38
	Coordinated with reimbursement sought (joint expend	iture) 🔲 Ind	tepen	ıdent			
	Coordinated without reimbursement sought (in-kind co	ontribution) 🔲 Org	ganiza	ation: oA oB oC	οD		
Name of Payee				Date of Payment:		Method of Check	
Anedot				04/19/2023		Debit C	
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans				LA	70112
	15	1	le.		, <u>.</u>		Amount
Purpose of Expenditure (by code)	Descriptions		Eve	ent #			Amount
BNK	Anedot Fees						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of t	he be	elow" is checked)]	12.30
(if applicable)	None of the below	_					
	Coordinated with reimbursement sought (joint expend	·	depen		*D		
	Coordinated without reimbursement sought (in-kind co			ation: oA oB oC	งบ	L	
	SUE	BTOTAL Section P	- 1	This Page			2,280.68
	TOTAL	l of additional o	, tr	NE PERCEC			60540.00
	IOTA .	L of additional Se	outo)				60540.33
	TOTAL OF ALL EX			AND THE RESERVE OF THE PARTY OF			62,821.01
	(Enter total on Line	19, Column A of Sumi	nary	Page Tolais)			02,02,1.01

Revised January 2015			, , , , , , ,			ii Managana ay ay ay ay	Page 65 of 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	ilong)			TYPE OF	REPORT	
Lebron for Hartford			<u> </u>		JUL10		: :
	P. Expenses I	Paid by Cor	nmittee				
Name of Payee		500.000	or and a second	Date of Payment:		Method of F	
Angel Figueroa				05/17/2023		Debit C	
Street Address		City		<u>.l</u>		State	Zip Code
29 Guilford St		Hartford				CT	06120
Purpose of Expenditure (by code)	Descriptions	<u> </u>	Ev	ent#	——————————————————————————————————————		Amount
WAGE	Staff Wage						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ured unless "No.	ne of the be	elow" is checked)			60.00
(if applicable)	◯ None of the below	(- .		- 1		
	Coordinated with reimbursement sought (joint expendi		∐ Indeper	ndent ation: oA oB oC	-n		
Name of Payee	Coordinated without tellinudisement sought (in-rand co	ATTIDUROITY (UI VI Yahiz	Date of Payment:	N	Method of F	
Anedot				05/07/2023		Check	#
		j				⊠Debit C	1
Street Address 1340 Poydras Street		City New Orleans				State	Zip Code
		New Oneans				LA	70112
Purpose of Expenditure (by code)	Descriptions		Ev	ent #			Amount
BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	iired unless "No	ne of the be	elow" is checked)			20.90
II аррионыя,	None of the below Coordinated with reimbursement sought (joint expendinated) None of the below		☐ indepen	4			
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co			ration: oA oB oC	oD		
Name of Payee				Date of Payment:		Method of F	
Black Eyed Sally's				05/24/2023	i	Check	
Street Address		City				State	Zip Code
350 Asylum Street		Norwich				CT	06360
Purpose of Expenditure	Descriptions		Ev	rent #	+	_	Amount
(by code)				OIK A	-		
FOOD	Washington Added to the D.G.						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	iired uniess "No.	ne of the be	elow" is checkeaj			49.22
	Coordinated with reimbursement sought (joint expendi	iture)	☐ Indeper	ndent			ĺ
	Coordinated without reimbursement sought (in-kind co	intribution)	Organiz	ation: oA oB oC			
Name of Payee				Date of Payment:		Method of F	
Panera Bread				05/03/2023		☑ Ottook ☑Debit C	
Street Address		City				State	Zip Code
114 Woodland Street		Hartford				CT	06105
Purpose of Expenditure (by code)	Descriptions	<u> </u>	Ev	rent #			Amount
FOOD	Staff Meal		-				
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "No	ne of the b	elow" is checked)			26.94
(if applicable)	None of the below		· =				20.0
	Coordinated with reimbursement sought (joint expendi		Indeper		_		
	Coordinated without reimbursement sought (in-kind co		0.00	ration: oA oB oC	oD		
	SUB	BTOTAL Sect	ion P — '	This Page			157.06
	TOTAL			6.6			00000 05
		_ of additions	al Section	A Pages			62663.95

Page 66 of 83

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illory)		TV	TYPEO	F REPORT	rage - or os	
Lebron for Hartford JUL10								
	P. Expenses	Paid by Committe	ee					
Name of Payee Date of Payment:				Method of Payment X Check # 137				
Yamilka Rolon		06/17/2023				Debit Card EFT		
Street Address		City	<u> </u>			State	Zip Code	
Purpose of Expenditure (by code)	Descriptions		Event #				Amount	
WAGE	Canvasser							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ured unless "None of th	ie below" i	s checked)		142.50		
	None of the below Coordinated with reimbursement sought (joint expending	iture) 🔲 Inde	ependent					
	Coordinated without reimbursement sought (in-kind co	ontribution) 🔲 Org	and the second second	oA oB oC	οD			
Name of Payee				of Payment:		Method of Payment Check #		
Black Eyed Sally's			05/3	24/2023 		☑Debit Card ☐EFT		
Street Address		City				State	Zip Code	
350 Asylum Street		Norwich				СТ	06360	
Purpose of Expenditure (by code)	Descriptions		Event #			ľ	Amount	
FOOD						1		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	he below" i	is checked)			12.74	
, ,,	None of the below Coordinated with reimbursement sought (joint expend	iture) 🔲 Inde	ependent					
	Coordinated without reimbursement sought (in-kind co			oA oB oC	oD			
Name of Payee				of Payment:		Method of F		
Dunkin Donuts			05/	13/2023		☑ Debit C		
Street Address		City			•	State	Zip Code	
255 Farmington Ave		Hartford				СТ	06105	
Purpose of Expenditure (by code)	Descriptions		Event #				Amount	
FOOD	staff breakfast							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	he below" i	is checked)		1	65.41	
(" apphoaoloj	None of the below Coordinated with reimbursement sought (joint expend	iture) 🔲 Ind	ependent					
	Coordinated without reimbursement sought (in-kind co	·	•	oA oB oC	οD	<u> </u>		
Name of Payee			Date	of Payment:		Method of I		
Anedot			04/	27/2023		☑ Onlock		
Street Address		City				State	Zip Code	
1340 Poydras Street		New Orleans				LA	70112	
Purpose of Expenditure (by code)	Descriptions		Event #				Amount	
BNK	Anedot Fees						4 - A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	he below" i	is checked)			20.30	
in applications)	None of the below Coordinated with reimbursement sought (joint expend	liture) Ind	lependent					
	Coordinated without reimbursement sought (in-kind co		•	оА оВ оС	οD			
	SUF	TOTAL Section P	— This	Page			240.95	
	TOTA	L of additional Sec	tion P P	ages			62580.06	
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY					62,821.01	

Page 67 of 83

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sllory)		Л	YPE O	F REPOR	Fage or or	
Lebron for Hartford JUL10					UL10			
	P. Expenses	Paid by Committ	ee					
Name of Payee				Date of Payment:		Method of I		
Anedot				05/05/2023		Debit C	····	
Street Address		City				State	Zip Code	
1340 Poydras Street		New Orleans				LA	70112	
Purpose of Expenditure (by code)	Descriptions		Eve	nt#			Amount	
BNK	Anedot Fees							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	he bel	low" is checked)			14.60	
, ,	None of the below Coordinated with reimbursement sought (joint expend	iture) 🔲 Ind	epend	tent	:			
	Coordinated without reimbursement sought (in-kind co		•	tion: oA oB oC oE)	and the second s		
Name of Payee				Date of Payment:		Method of X Check		
Shenice Morris				04/18/2023		Debit C		
Street Address		City				State	Zip Code	
63 Huntington Street		Hartford				СТ	06105	
Purpose of Expenditure (by code)	Descriptions		Eve	nt #			Amount	
WAGE	Staff Wage							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of ti	he bei	low" is checked)		616.60		
(iii appineauto)	None of the below Coordinated with reimbursement sought (joint expend	itura) 🗍 Ind	epend	iont				
	Coordinated with reimbursement sought (in-kind co	_		tion: oA oB oC oE	<u> </u>			
Name of Payee Date of Payment:					Method of			
New Way Forward Strategies 06/27/2023					Check #EFT			
Street Address City					State	Zip Code		
5255 Stevens Creek E	Boulevard Suite #358	Santa Clara				CA	95051	
Purpose of Expenditure (by code)	Descriptions		Eve	nt #			Amount	
CNSLT	Campaign Consultant		1					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of ti	he bei	low" is checked)			1,000.00	
үн аррноавну	None of the below Coordinated with reimbursement sought (joint expend	ituro) 🔲 tod	epend	dant				
	Coordinated without reimbursement sought (in-kind co			tion: oA oB oC oE)			
Name of Payee		2-100-100		Date of Payment:		Method of		
Shenice Morris				04/10/2023		Check		
Street Address		City	i			State	Zip Code	
63 Huntington Street		Hartford				СТ	06105	
Purpose of Expenditure (by code)	Descriptions		Eve	nt #			Amount	
WAGE	Staff Wage							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	he bei	low" is checked)		1	745.20	
(if applicable)	None of the below						• .	
	Coordinated with reimbursement sought (joint expend		lepeno janiza	cent ition: oA oB oC oE)			
	SUE	BTOTAL Section P					2,376.40	
	ТОТА	L of additional Sec	tion	P Pages			60444.61	
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY 19. Column A of Summ					62,821.01	

Revised January 2015						Page 68 of 83		
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sitory)		TYPEO	REPORT			
Lebron for Hartford				JUL10				
1 (1)	P. Expenses	Paid by Committe	ee					
Name of Payee			T	Date of Payment:	Method of F	•		
Anedot			Ì	05/11/2023	☐ Check			
Ctroot Addrson		Car		,	Debit Ca	I		
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112		
		Trew Officials	1		LA			
Purpose of Expenditure (by code)	Descriptions		Ever	N #		Amount		
BNK	Anedot Fees				1			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e bel	ow" is checked)	4.30			
(п аррисала)	None of the below							
	Coordinated with reimbursement sought (joint expend	· <u> </u>	epend anizat	ent ion: oA oB oC oD				
Name of Payee	Octobridge Willout fellhoursellion sought (IT kind of	Julia de la company		Date of Payment:	Method of F	² ayment		
Candice Dormon			05/09/2023			Check # 114		
			1		Debit C	ard DEFT		
Street Address		City			State	Zip Code		
26 Roydon Road		New Haven			СТ	06511		
Purpose of Expenditure (by code)	Descriptions		Ever	nt#	1	Amount		
WAGE	wage							
Expenditure #	Type of Expenditure (Itemization in Addendum P Req.	uired unless "None of th	e bel	ow" is checked)	5,000.00			
(if applicable)	None of the below				0,000.00			
·	Coordinated with reimbursement sought (joint expend		epend					
Name of Payee	Coordinated without reimbursement sought (in-kind co	ontribution) L Orga	aniza	tion: oA oB oC oD Date of Payment:	Method of F	Payment		
Red Tie			ŀ	06/28/2023	Check			
ried ric				00/20/2020	Debit C	ard EFT		
Street Address		City			State	Zip Code		
1424 Jabbok Place No	ortnwest	Concord			NC	28027		
Purpose of Expenditure (by code)	Descriptions		Ever	nt#		Amount		
A-SIGN								
Expenditure #	Type of Expenditure (Itemization in Addendum P Req	uired unless "None of th	le bel	low" is checked)	† :	3,190.50		
(if applicable)	None of the below							
	Coordinated with reimbursement sought (joint expend		epend					
Name of Payee	Coordinated without reimbursement sought (in-kind or	ontribution)	aniza	tion: oA oB oC oD Date of Payment:	Method of I	Paymoni		
				05/17/2023	Check			
Isis Wylie				05/17/2023	Debit C	ard EFT		
Street Address		City			State	Zip Code		
75 Main Street		Hartford			CT	06106		
Purpose of Expenditure	Descriptions		Eve	nt#		Amount		
(by code) WAGE	Staff Wage							
Expenditure #	Type of Expenditure (Itemization in Addendum P Req	uired unless "None of th	ne bel	low" is checked)	1	156.25		
(if applicable)	None of the below			·		100.20		
	Coordinated with reimbursement sought (joint expend	· =	epend					
	Coordinated without reimbursement sought (in-kind co	ontribution) U Org	aniza	tion: oA oB oC oD	_			
	SU	STOTAL Section P	T	his Page		8,351.05		
	ATOT	L of additional Sec	tion	Pages		54469,96		
		(PENSES PAID BY						
		9 19 Column A of Summ				62,821.01		

Hevised January 2015							Page 09 of 83	
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illory)			TYPE O	REPORT		
Lebron for Hartford					JUL10			
	P. Expenses	Paid by Committe	ee:					
Name of Payee				Date of Payment:		Method of I		
Anedot				06/12/2023	•	Check		
Street Address		lon.				X Debit C	1	
1340 Poydras Street		City New Orleans				State	Zip Code 70112	
•	1	INEW Offeatis	1_			LA		
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees						Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)				11.60			
	Coordinated without reimbursement sought (in-kind co		•	tion: oA oB oC	oD			
Name of Payee				Date of Payment:		Method of I	•	
C-Town Supermarket				05/09/2023		Check		
Street Address		City				State	Zip Code	
1744 Park Street		Hartford				CT	06106	
Purpose of Expenditure (by code)	Descriptions	1	Eve	nt#			Amount	
FOOD	Staff Meal							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	ne bei	low" is checked)			13.97	
(if applicable)	None of the below			•		10.57		
	Coordinated with reimbursement sought (joint expend		epend					
Mama of Dayses	Coordinated without reimbursement sought (in-kind co	ontribution) L Org	aniza	tion: oA oB oC	οD	Mathodol	Daymant	
Name of Payee	atagiaa			Date of Payment:		Method of Payment Check #		
New Way Forward Strategies 06/15/2023					☑Debit Card ☐ EFT			
Street Address		City				Slale	Zìp Code	
5255 Stevens Creek E	Boulevard Suite #358	Santa Clara				CA	95051	
Purpose of Expenditure	Descriptions	1	Eve	ont#			Amount	
(by code) CNSLT	Campaign Consultant							
Expenditure #	Type of Expenditure (Itemization In Addendum P Requ	uired unless "None of th	he he	low" is checked)			2 000 00	
(if applicable)	None of the below					3,000.00		
	Coordinated with reimbursement sought (joint expend	iture) 🔲 Inde	epend	dent				
	Coordinated without reimbursement sought (in-kind co	ontribution) 🔲 Org	aniza	ation: oA oB oC	οD			
Name of Payee				Date of Payment:		Method of	,	
Anedot				06/30/2023		☐Debit C		
Street Address		City				State	Zip Code	
1340 Poydras Street	1	New Orleans				LA	70112	
Purpose of Expenditure (by code)	Descriptions		Eve	ent#			Amount	
BNK	Anedot Fees							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	he be	low" is checked)			47.60	
(if applicable)	None of the below	_						
	Coordinated with reimbursement sought (joint expend		epen	dent ution: oA oB oC	aD.			
					ດຍ	<u> </u>		
	SUE	RTOTAL Section P	-1	nis Page			3,073.17	
	TOTAL	L of additional Sec	tion	P Pages			59747.84	
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY	200				62,821.01	

Page 70 of 83

Revised January 2015						Page /Vot 83	
NAME OF COMMITTEE	(Provide Complete Name as Flegistered with Filing Repos	illory)		TYPE O	IF REPORT	a.	
Lebron for Hartford				JUL10			
and the second s	P. Expenses !	Paid by Committe	3 6	10			
Name of Payee			Date of Paymen	d:	Method of F		
Kollosal Koncepts LLC	;		04/13/2023			#_ 104 Card	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Descriptions		Event #	nt #		Amount	
A-SIGN	Marketing						
Expenditure # (il applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of the	e below" is checked,)	7	150.00	
п арричато,	None of the below Coordinated with reimbursement sought (joint expendi	iture) [] Inde	ependent				
	Coordinated without reimbursement sought (in-kind co		anization: oA oB c			Salasa kan pama arkenta kananannina di kanta kantakan ka ka	
Name of Payee			Date of Paymen	it:	Method of Payment Check #		
Anedot			05/17/2023		☑Debit Card ☐ EFT		
Street Address		City			State	Zip Code	
1340 Poydras Street		New Orleans			LA	70112	
Purpose of Expenditure (by code)	Descriptions		Event #			Amount	
BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked)	1	43.20	
In approact,	None of the below Coordinated with reimbursement sought (joint expendi	iture) Inde	ependent				
·	Coordinated without reimbursement sought (in-kind co		anization: oA oB o	oC oD			
Name of Payee			Date of Paymer	nt:	Method of I		
Anedot		-	06/30/2023		Debit C		
Street Address		City			State	Zip Code	
1340 Poydras Street		New Orleans			LA	70112	
Purpose of Expenditure (by code)	Descriptions		Event #			Amount	
BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked	<u>"</u>		93,20	
	None of the below Coordinated with reimbursement sought (joint expending	iture) 🔲 Inde	ependent				
	Coordinated without reimbursement sought (in-kind co	-	anization: oA oB o		<u> </u>		
Name of Payee			Date of Payment:		Method of Check		
Anedot			06/10/2023		⊠Debit C	Card EFT	
Street Address		City			State	Zip Code	
1340 Poydras Street		New Orleans	1		LA	70112	
Purpose of Expenditure (by code)	Descriptions		Event #			Amount	
BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	uired uniess "None of the	e below" is checked	9		6.80	
	Coordinated with reimbursement sought (joint expend	liture) 🔲 Inde	ependent				
	Coordinated without reimbursement sought (in-kind co	ontribution) Orga	anization: oA oB	oC oD			
	SUE	BTOTAL Section P	— This Page			293.20	
	TOTA	L of additional Sect	tion P Pages	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		62527.81	
		PENSES PAID BY		 		62,821.01	

Revised January 2015	772-77/2000						Page 71 of 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitorý)			TYPE O	F REPORT	
Lebron for Hartford					JUL10		
	P. Expenses	Paid by Committe	ee				
Name of Payee			T	Date of Payment:		Method of I	
Jennika Lebron		•		06/27/2023		Debit C	
Street Address		City				State	Zip Code
192 Laurel St	!	Hartford				СТ	06105
Purpose of Expenditure (by code)	Descriptions		Even	t#			Amount
WAGE	Bookkeeping Consultant				ļ		
Expenditure # (Il applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	ie belo	ow" is checked)		•	135.00
(п арричаско)	None of the below Coordinated with reimbursement sought (joint expendi	abot D Inde	epende	ont			
	Coordinated with relinibulsement sought (in-kind co		•	ent ion: oA oB oC	oD		
Name of Payee			1	Date of Payment:		Method of I	
Puerta Vallarta				04/04/2023		Debit C	
Street Address		City		•** ***********************************		State	Zip Code
200 Main Street		Middletown				СТ	06457
Purpose of Expenditure (by code)	Descriptions		Even	it #			Amount
FOOD	Staff Meal						
Expenditure # (If applicable)	(fannlinable)						136.62
[II. 26.5	None of the below Coordinated with reimbursement sought (joint expendi	liture) Inde	epende	ent			
	Coordinated with reimbursement sought (in-kind co			ion: oA oB oC	oD		
Name of Payee				Date of Payment:		Method of I	
Anedot				06/20/2023		∑Debit C	
Street Address	1	City				State	Zip Code
1340 Poydras Street		New Orleans	·			LA	70112
Purpose of Expenditure (by code)	Descriptions		Even	it#			Amount
BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	ne belo	ow" is checked)			5.00
1. 244	None of the below Coordinated with reimbursement sought (joint expendi	liture) 🔲 Inde	epende	en i	:		
	Coordinated without reimbursement sought (in-kind co			ion: oA oB oC	οD		
Name of Payee			- 1	Date of Payment:		Method of I	Payment
Integrated Solutions: F	'olitical			04/01/2023		Debit C	
Street Address		City			v	State	Zip Code
4142 Adams Avenue S	Suite 103-550	San Diego				CA	92116
Purpose of Expenditure (by code)	Descriptions		Even	ıt#			Amount
OVHD	Client Management System						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	ie belo	ow" is checked)		1	300.00
(п иррпоисло)	None of the below Coordinated with reimbursement sought (joint expendi	liture) 🔲 Inde	epende	ant			
	Coordinated with reinfoursement sought (in-kind co		•	ion: oA oB oC	oD		
	SUE	BTOTAL Section P -	— Ti	nis Page			576.62
	TOTA	L of additional Sect	tion	P Pages			62244.39
		PENSES PAID BY O					
		19 Column 4 of Summe					62,821.01

Revised January 2015						Page 12 of 83	
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)		Type O	FIREPORT		
Lebron for Hartford				JUL10			
	P. Expenses	Paid by Committe	ee				
Name of Payee			D	ate of Payment:	Method of F		
Kollosal Koncepts LLC	2		C	05/03/2023	Debit C		
Street Address		City			State	Zip Code	
		}		400		1	
Purpose of Expenditure (by code)	Descriptions		Event	#		Amount	
A-SIGN	Marketing						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind co	iture) 🔲 Inde	epender	·	225.00		
Name of Payee			D	Pate of Payment:	Method of I	Payment	
Aqui Me Quedo			(06/03/2023	Debit C		
Street Address		City			State	Zip Code	
150 Albany Avenue		Hartford		44	СТ	06120	
Purpose of Expenditure (by code) FOOD	Descriptions Fundraiser		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements None of the below Coordinated with reimbursement sought (joint expending the coordinated with reimbursements)		223.12				
	Coordinated without reimbursement sought (in-kind co	ontribution) Orga		on: oA oB oC oD			
Name of Payee			- 1	Pate of Payment:	Method of I		
Dunkin Donuts			{	04/27/2023	⊠Debit C	Card EFT	
Street Address 255 Farmington Ave		City Hartford			State CT	Zip Code 06105	
Purpose of Expenditure	Descriptions		Event	#		Amount	
(by code) FOOD	staff meal						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements) None of the below	uired unless "None of th	ne belor	w" is checked)		7.92	
	Coordinated with reimbursement sought (joint expend						
Name of Payee	Coordinated without reimbursement sought (in-kind co	ontribution) Ll Orga		on: oA oB oC oD Date of Payment:	Method of	Payment	
Anedot			- 1	05/15/2023	Check	· #	
Street Address		City			State	Card SEFT Zip Code	
1340 Poydras Street		New Orleans			LA	70112	
Purpose of Expenditure (by code)	Descriptions		Event	#		Amount	
BNK	Anedot Fees					:	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requiversity) None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind or	liture) 🔲 Inde	epende	·		4.60	
		BTOTAL Section P				460.64	
	ТОТА	L of additional Sec	tion F	Pages		62360,37	
		(PENSES PAID BY				62,821.01	

Page 73 of 83

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	silary)			TYPEO	FREPORT	Page 73 of 83
Lebron for Hartford					JUL10		
	P. Expenses	Paid by Committe					
Name of Payee Howard Fair				Dale of Payment: 06/03/2023		Method of F Check Debit C	# <u>130</u>
Street Address 896 Asylum Avenue		City Hartford				State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser		Event	t #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	epende	ŕ	oD		137.50
Name of Payee New Way Forward Str	ategies			Date of Payment: 04/27/2023		Method of F	#
Street Address 5255 Stevens Creek E	3oulevard Suite #358	City Santa Clara	I			State	Zip Code 95051
Purpose of Expenditure (by code) CNSLT	Descriptions Campaign Consultant		Event	t#			Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD							1,200.00
Name of Payee				Date of Payment:		Method of f	
Burger King				05/02/2023		Check	
Street Address 811 Main Street		City Hartford				State CT	Zip Code 06103
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meal	and the state of t	Event	t #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ. None of the below Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	epende	ŕ	oD		15,02
Name of Payee Anedot	,	,		Date of Payment: 05/27/2023		Method of F Check	#
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event	t #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requinction of the below) Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	epende	ŕ	oD		5.60
	SUB	BTOTAL Section P	— TI	ils Page			1,358.12
entralingue de la companya de la companya de la companya de la companya de la companya de la companya de la co	TOTAL	L of additional Sect	tion I	P Pages			61462.89
		PENSES PAID BY G					62,821.01

Revised January 2015			02000000000000000000000000000000000000			Page ⁷⁴ of 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)		TYPEO	FREPORT	
Lebron for Hartford				JUL10		
	P. Expenses	Paid by Committe	e	100		
Name of Payee			Date of Payme	ent:	Method of F	
Jennika Lebron			04/20/2023	3	Check	
Street Address		City			Debit C	<u> </u>
192 Laurel St		Hartford			CT	Zip Code 06105
Purpose of Expenditure	Descriptions		Event #		 	Amount
(by code)	·		Event #			Amount
WAGE	Bookkeeping Consultant					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checke	d)		400.00
(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None of the below Coordinated with reimbursement sought (joint expend	iture) 🗍 Inde	pendeni			
	Coordinated with reimbursement sought (in-kind or		nization: oA oB	oC oD		
Name of Payee			Date of Payme	ent:	Method of F	
Howard Fair			05/02/2023	3	Check	
Street Address		City		- 1800	State	Zip Code
896 Asylum Avenue		Hartford			СТ	06105
Purpose of Expenditure	Descriptions		Event #			Amount
(by code) WAGE	Staff Wage					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checke		+	75,00
(if applicable) None of the below						73,00
	Coordinated with reimbursement sought (joint expend		pendent			
Name of David	Coordinated without reimbursement sought (in-kind co	ontribution) L Orga	nization: oA oB Date of Payme		Method of F	Dovmont
Name of Payee Howard Fair			•		X Check	
Howard Fall			06/17/2023	3	☐Debit C	ard DEFT
Street Address		City			State	Zip Code
896 Asylum Avenue		Hartford			CT	06105
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
WAGE	Canvasser					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired uniess "None of the	e below" is checke		1	275.00
(if applicable)	None of the below					2.0.00
	Coordinated with reimbursement sought (joint expend		pendent			
Name of Payee	Coordinated without reimbursement sought (in-kind or	ontribution)	Date of Paym		Method of	Payment
Anedot			05/03/202		Check	
Anodot		•	03/03/202		⊠Debit C	Card EFT
Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans			LA	70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checke	rd)	1	34.90
(if applicable)	None of the below	_				
	Coordinated with reimbursement sought (joint expend	,	pendent	aO aD		
	Coordinated without reimbursement sought (in-kind co		anization; oA oB	0C 0D		
100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 m Thirting the contract of the co	SUL	STOTAL Section P	- This Page			784.90
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The state of the s		PENSES PAID BY (62,821.01
	(Enter total Cir Line		name y Grand			

Revised January 2015	1V. L./(! E.I.		, (Sec	ilons (- 1)			Page 75 of 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	ilory)		and the second s	TYPE OF	REPORT	
Lebron for Hartford					JUL10		
	P. Expenses	Paid by Comr	nittee				
Name of Payee New Way Forward Str	ategies			Date of Payment: 05/16/2023		Method of F Check Debit C	#
Street Address		City				State	Zip Code
5255 Stevens Creek I	Boulevard Suite #358	Santa Clara				CA	95051
Purpose of Expenditure (by code) CNSLT	Descriptions Campaign Consultant		Eve	nt#			Amount
Expenditure # (if applicable)	None of the below Coordinated with reimbursement sought (joint expending	1					
Name of Payee			<u>, , , , , , , , , , , , , , , , , , , </u>	Date of Payment:	and the second second second	Method of F	
Isis Wylie				06/15/2023		Check	
Street Address	98 City					Debit C	ard EFT Zip Code
75 Main Street		Hartford			CT	06106	
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser		Eve	nt#			Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD							214.00
Name of Payee				Date of Payment:		Method of f	
Ari Cruz				05/17/2023		Check	
Street Address 51 Alps Drive		City East Hartford				State CT	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		Eve	nt#	:		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	ture)	Independ	·	oD		392.00
Name of Payee				Date of Payment:		Method of F	
NE Video Entertainme	ent			04/11/2023		Check	· · · · · · · · · · · · · · · · · · ·
Street Address 35 1/2 Walker Street		City Manchester				State CT	Zip Code 06040
Purpose of Expenditure (by code) CNSLT	Descriptions Marketing, Videography		Eve	nt#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	ture)	Independ	·	oD		1,000.00 .
	SUB	TOTAL Section	n P — T	his Page			4,606.00
	TOTAL	of additional	Section	P Pages			58215.01
	TOTAL OF ALL EX						62,821.01

Rovised January 2015						Page 76 of 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sil(oryi)		TYPEO	FREPOR	Т
Lebron for Hartford				JUL10		
	P. Expenses	Paid by Committe	e Santa			g Despite the part of the second
Name of Payee			Date of Payment:		Method of	
Georges Pizza Restau	urant		04/13/2023		Check	
0					⊠Debit C	
Street Address 2027 Park Street		City			State	Zip Code
		Hartford			СТ	06106
Purpose of Expenditure (by code)	Descriptions	<u> </u>	Event #		}	Amount
FOOD	staff meal					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	below" is checked)			184.86
(if applicable)	None of the below	_			1	
	Coordinated with reimbursement sought (joint expendi		pendent	_		
Name of Payee	Coordinated without reimbursement sought (in-kind co	ontribution) 🔲 Orgai	Date of Payment:	٥υ	Method of	Paymont
Ari Cruz			1		Check	
All Cluz			06/17/2023		Debit C	Card EFT
Street Address		City		-	State	Zip Code
51 Alps Drive		East Hartford			СТ	06108
Purpose of Expenditure	Descriptions		Event #			Amount
(by code) WAGE	Staff Wage	Ì				
	Type of Expenditure (Itemization in Addendum P Requ	vised unloca (Mena of the	halawii in ahaakad)		1	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	uneu umess None oi me	below is checkedy			324.00
Coordinated with reimbursement sought (joint expenditure)						
	Coordinated without reimbursement sought (in-kind co	_	nization: oA oB oC	οD		
Name of Payee			Date of Payment:		Method of Check	
Leticia Reyes			06/15/2023		Debit (
Street Address		City	, <u> </u>		State	Zip Code
		,				
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
WAGE	Canvasser					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	below" is checked)		†	135.00
(if applicable)	None of the below		,			100.00
·	Coordinated with reimbursement sought (joint expend		pendent			
	Coordinated without reimbursement sought (in-kind co	ontribution) Organ	nization: oA oB oC	οD	ļ	
Name of Payee			Date of Payment:		Method of Check	
Shenice Morris			06/03/2023		Debit 0	Card EFT
Street Address		City			State	Zip Code
63 Huntington Street		Hartford			СТ	06105
Purpose of Expenditure	Descriptions	<u> </u>	Event #		1	Amount
(by code)	Staff Wage				1	
WAGE					1	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements) None of the below	uired unless "None of the	below" is checked)			900.00
	Coordinated with reimbursement sought (joint expend	iture) 🔲 Inder	pendent			
	Coordinated without reimbursement sought (in-kind co	· = ·	nization: oA oB oC	οD		
	SUE	BTOTAL Section P -	- This Page			1,543.86
	TOTA	L of additional Sect	ion P Pages			61277.15
		PENSES PAID BY G				62,821.01

Revised January 2015				·		been more property and the second	Page 77 of 83	
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)		Ti	YPEOF	REPOR	T.	
Lebron for Hartford				JU	UL10			
	P. Expenses	Paid by Committe	ee					
Name of Payee			Dat	te of Payment:		Method of I		
Jordanna Hertz			04	4/11/2023		☑ Check ☐Debit C		
Street Address		City				State	Zip Code	
54 Concord Street		West Hartford				CT	06119	
Purpose of Expenditure (by code)	Descriptions		Event #		Î		Amount	
CNSLT	Marketing							
(if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expendirement Sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with	liture) 🔲 Inde	ependent	•)	700.00		
Name of Payee			Dat	te of Payment:		Method of	•	
Anedot			06	6/04/2023		Check		
Street Address		City				State	Zip Code	
1340 Poydras Street	340 Poydras Street New Orleans				LA	70112		
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #				Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" Is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD						1	16,080.00	
Name of Payee		,	Dat	ite of Payment;		Method of		
The Russell Restaurar	nt	4	04	4/26/2023		Check		
Street Address 187 Allyn Street		City Hartford				State CT	Zip Code 06103	
Purpose of Expenditure (by code) FNDR	Descriptions Fundraiser Event		Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	fiture) 🔲 Inde	ependent	•)		141.60	
Name of Payee	•		Dat	ite of Payment:		Method of Check	•	
Zion Vernette		-	05	5/02/2023		Debit C		
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Descriptions	,	Event #				Amount	
WAGE	Staff Wage				Ì			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requiversity None of the below) Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement soug	liture) 🔲 Inde	ependent	•)		30.00	
	SUE	BTOTAL Section P					16,951.6	
	TOTAL	L of additional Sect	tion P l	Pages			45869.4	
		(PENSES PAID BY (19, Column A of Summ					62,821.0	

Rovised January 2015						Page 78 of 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	(tory)		TYPE OF	FREPORT	
Lebron for Hartford				JUL10		
Name of Payee	P. Expenses I	Paid by Committe	ee	Date of Payment:	Method of P	Poyment
Ari Cruz			Ì	06/01/2023	Check	#_129
Street Address 51 Alps Drive		City East Hartford	L		State	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		Ever	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD					403.20
Name of Payee				Date of Payment:	Method of P	
Anedot				04/09/2023	Check	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Eve	nt #		Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD						11.60
Name of Payee				Date of Payment:	Method of P	² avment
Anedot				06/22/2023	Check	#
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Eve	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requint Nane of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	epeno	,		55.20
Name of Payee				Date of Payment:	Method of F	,
Michelle Buddy				05/17/2023	☑ Check ☐Debit C	
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions wage		Eve	ent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requiversity None of the below) Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Ind	epend	·		104.85
	SUE	STOTAL Section P	— T	his Page		574.85
	TOTAL	L of additional Sec	tion	P Pages		62246.16
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY	200			62,821.01

Revised January 2015				Page ⁷⁹ of 83		
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illory)		TYPE OF REPORT		
Lebron for Hartford				JUL10		
Name of Payee	P. Expenses	Paid by Committe	Date of Payment:	Method of Payment		
Dunkin Donuts			04/18/2023	Check #		
Street Address 255 Farmington Ave		City Hartford		State Zip Code CT 06105		
Purpose of Expenditure (by code)	Descriptions staff meal		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expendirement Sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sough (in-kind coordinated with reimb	iture) 🔲 Inde	•	12.37 oD		
Name of Payee		Annual Control of the	Date of Payment:	Method of Payment		
Walmart			04/13/2023	Check # Debit Card EFT		
Street Address 2300 Dixwell Avenue		City Hamden		State Zip Code CT 06514		
Purpose of Expenditure (by code) OFFICE	Descriptions Office Supplies		Event #	Amount		
Expenditure # (if applicable)	208.14 oD					
Name of Payee	Method of Payment					
New Way Forward Str	ategies	_	Date of Payment: 05/16/2023	☐ Check # ※Debit Card ☐ EFT		
Street Address 5255 Stevens Creek E	3oulevard Suite #358	City Santa Clara		State Zip Code CA 95051		
Purpose of Expenditure (by code) CNSLT	Descriptions Campaign Consultant		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expendirement Sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimburseme	iture) 🔲 Inde	e below" is checked) spendent anization: oA oB oC	3,000.00 oD		
Name of Payee			Date of Payment:	Method of Payment		
Isis Wylie		· · · · · · · · · · · · · · · · · · ·	05/02/2023			
Street Address 75 Main Street		City Hartford		State Zip Code CT 06106		
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co					
	SUB	TOTAL Section P	- This Page	3,250.51		
	TOTAL	L of additional Sect	ion P Pages	59570.50		
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Page 80 of 83

NAME OF COMMETEE	- (Provide Complete Name as Registered with Filing Repos	silorul		1.	TVBE (1	F REPORT	Page 000 63
Lebron for Hartford			-		JUL10		
	P. Expenses	Pardiby Committe	ee				
Name of Payee				Date of Payment:		Method of F	
Anedot				05/19/2023	-	Check	#
		1				Debit C	
Street Address	•	City			ļ	State	Zip Code
1340 Poydras Street		New Orleans				LA	70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Even	nt #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	ependo		D		22.60
Name of Payee				Date of Payment:		Method of F	
Zion Vernette				05/17/2023		Check	1
Street Address		City				State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		Even	nt #			Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD							136.20
Name of Payee				Date of Payment:		Method of I	
Amazon				05/20/2023		Check	
Street Address 410 Terry Avenue Nor	rth	City Seattle				State WA	Zip Code 98109
Purpose of Expenditure (by code) OFFICE	Descriptions		Ever	nt#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	fiture) 🔲 Inde	lepend		o D		11.69
Name of Payee				Date of Payment:		Method of I	
Max Downtown				05/17/2023		Check	
Street Address 185 Asylum Street		City Hartford				State CT	Zip Code 06103
Purpose of Expenditure (by code) FOOD	Descriptions Fundraiser	-	Ever	nt#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought with reimbursement sought (in-kind coordinated with reimbursement sought with reimbursement sought with reimbursement sought (in-kind coordinated with reimbursement sought with reimbursement sought with reimbursement sought with reimbursement with reimbursement with reimbursement with reimbursement with reimbursement with reimbursement with reimbursement with reimbursement with r	fliure) 🔲 Inde	lepend		ъD		10.47
	SUF	BTOTAL Section P	_ T	his Page			180.96
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		(PENSES PAID BY)					62,821.01

Revised January 2015				Page 81 of 83
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	silory)		TYPE OF REPORT
Lebron for Hartford				JUL10
	P. Expenses	Paid by Committe	e	
Name of Payee			Date of Payment:	Method of Payment
Shenice Morris			05/17/2023	Check # 117 Debit Card □ EFT
Street Address		City		State Zip Code
63 Huntington Street		Hartford		CT 06105
Purpose of Expenditure (by code)	Descriptions		Event #	Amount
WAGE	Bi-Weekly wages			
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	below" is checked)	548.60
(if applicable)	None of the below			
	Coordinated with reimbursement sought (joint expendi		pendent inization: oA oB oC (^u
Name of Payee	Octobalisated william resilient stages pro-	Allibutions	Date of Payment:	Method of Payment
Yamilka Rolon			06/30/2023	Check #
Street Address		City		
Ollogi Fiddi 000		Cny		State Zip Code
Purpose of Expenditure	Descriptions		Event #	Amount
(by code)	Canvasser			
WAGE	Type of Expenditure (Itemization in Addendum P Requ		* * * * * t ata-at	
Expenditure # (if applicable)	67.30			
	None of the below Coordinated with reimbursement sought (joint expending the coordinated with reimbursement) None of the below	liture) 🔲 Inder	pendent	
	Coordinated without reimbursement sought (in-kind co	ontribution) Organ	inization: oA oB oC	
Name of Payee			Date of Payment:	Method of Payment X Check #_107
Shenice Morris			04/28/2023	Debit Card EFT
Street Address		City		State Zip Code
63 Huntington Street		Hartford		CT 06105
Purpose of Expenditure (by code)	Descriptions		Event #	Amount
WAGE	Staff Wage		I	
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	below" is checked)	501.20
(if applicable)	None of the below	··· \		
	Coordinated with reimbursement sought (joint expendi		pendent inization: oA oB oC o	·Πο
Name of Payee			Date of Payment:	Method of Payment
Budget Printers & Emb	proiders		06/06/2023	Check #
Street Address		City		State Zip Code
1718 Park Street		Hartford		CT 06106
Purpose of Expenditure	Descriptions	<u> </u>	Event #	Amount
(by code) PRNT			I	
	Type of Expenditure (Itemization in Addendum P Requ	ulrad unless "None of the	a halow" is checked)	
(if applicable)	None of the below	mea amess recht c	Doine to vilvence,	391.37
	Coordinated with reimbursement sought (joint expending	· — ·	pendent	
	Coordinated without reimbursement sought (in-kind co		anization: oA oB oC	oD_
	SUE	BTOTAL Section P -	- This Page	1,508.47
以是一种,我们也是是一种。 1985年——第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章	TOTA	L of additional Sect	ion P Pages	61312.54
		(PENSES PAID BY C		62,821.01

Page 82 of 83

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	itory)			TYPE O	REPORT	Page 0-bi
Lebron for Hartford					JUL10		
Name of Payee Aurora's Bakery Resta		Paid by Committ	ee	Date of Payment: 04/20/2023		Method of F	#
Street Address 399 Capitol Avenue		City Hartford				State CT	Zip Code 06106
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meal		Eve	nt#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD						45.87
Name of Payee Shenice Morris				Date of Payment: 06/17/2023		Method of F A Check Debit C	# <u>139</u>
Street Address 63 Huntington Street		City Hartford				State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		Eve	nt #			Amount
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD							875.00
Name of Payee				Date of Payment:		Method of F	
Sam Ash				04/19/2023		☑ Check ☑ Debit C	
Street Address 95 Amity Road		City New Haven				State CT	Zip Code 06525
Purpose of Expenditure (by code) OFFICE	Descriptions Office supplies		Eve	ent#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	iture) 🔲 Ind	lepend		oD		60.57
Name of Payee Anedot				Date of Payment: 04/05/2023		Method of I Check	#
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	 -	Eve	ent#			Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	iture) 🔲 Ind	lepen	•	oD		6.60
	SUE CONTRACTOR OF THE SUE	STOTAL Section P	- 1	his Page			988.04
	TOTA	L of additional Sec	itton	P Pages			61832.97
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY 19. Column A of Summ	100				62,821.01

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Revised January 2015						Page ⁸³ of	83
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYP				TYPEO	FREPORT		
Lebron for Hartford					JUL10		
	P. Expenses	Paid by Committe	PP .		16		
Name of Payee	A Comment of the Comm	Date of Payment:			Method of Payment .		
Anedot			06/02/2023		Check #		
Street Address		City			State	Zip Code	
1340 Poydras Street		New Orleans			LA	70112	
Purpose of Expenditure Descriptions		Event#				Amount	
(by code) BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below					3.60	
(п аррисавну							
	Coordinated with reimbursement sought (joint expenditure)						
Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD							

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3.60	SUBTOTAL Section P — This Page	
62817.41	TOTAL of additional Section P Pages	
62,821.01	TOTAL OF ALL EXPENSES PAID BY COMMITTEE	

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