SEEC FORM 20

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

TOWN & RITY CLERK

Page 1 of 17

2023 JUL 10 PH 12: 28

Do Not Mark in This Space For Official Use Only.

COVER PAGE

			X C P 1 2				
1. NAME OF COMMITTEE				W. B.			
Camaaño for Hart	ford						
2. TREASURER NAME				1 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -			
First	MI	Last					Suffix
Eduardo	A.	M:	randa				
3. TREASURER ADDRESS							
Street Address		City	1 , 0		State	- 1	ip Code
50 Elm Drive		West H	tal Hore		CT		26110
4. ELECTION/REFERENDUM DATE	ATE 5, OFFICE SOUGHT (Complete only if Candidate Committee)				1 1 1 1 1	STRICT NUMBER	
(mm/dd/yyyy) //-フーみひみろ		·				(if applic	zable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)						
First	МІ	Last	,a				Suffix
Oscar	/+.	Car	maañð				· · · · · · · · · · · · · · · · · · ·
8. TYPE OF REPORT (Check One Box)							
☐ January 10 filing	☐ 7th day preceding primary	y □ 7th	day preceding referendum		nitial Cont		n or Disbursement
☐ April 10 filing	☐ 30 days following primary	y 🔲 45	days following referendum	•	mendmer		
☑ July 10 filing	☐ 7th day preceding election	n □ De	ficit	Ty	pe of Rep	ort:	
☐ October 10 filing	☐ 12th day preceding electio (State Central Committees Only)		rmination	_			·
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November	n					
9. PERIOD COVERED							
	Beginning Date		Ending Date				
-	4/27/23	thru 	6-30-205	<u>23</u>			
10. CERTIFICATION							
I hereby certify and state, under per Disclosure Statement for the per	enalties of false statement, the iod covered is true, accura	ate and com	plete.	is Ite m	iized Can	npaign	Finance
C-14		Eduar	do Miranda			7-	9-2023
TREASURER OR DEPUTY TREASURE	R (SIGNATURE) P	PRINT NAME (OF SIGNER			DAT	E (mm/dd/yyyy)

A person who is f	found to have knowingly and faces a civil		olated any provisions of the mprisonment or both.	г сатр	aign fina	nce sta	itutes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
 Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees 		
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	0867k	·
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed	<u> </u>	
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$ r 230	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	,	
19. Expenses Paid by Committee (Section P)	31 4,184,54	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$4045.46	
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance	0	
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		·
25c Payments on Loan		
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	M50	
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	5	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Total Contributions Contribution of the	Doc-free 3 43	io Dowie J ORIT X				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)		OTAL SECTION A	\$			
				<u></u>		
B. Item	B. Itemized Contributions from Individuals					
Last Name	F	irst			MI	
Woolsey		Teddy		, 		
Residential Street Address	City	ong Island		State	Zip Code	
4540 Center Blud Apt 2801		ong Island	<u>.</u>	NY	11109	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busi valued at more than \$5,	iness he/she is asso	indidate for a chief executiv ociated with have a contract ☐ Yes ☐ No	e officer of a municipality with said municipality		int of Contribution	
		ontractor or prospective stat		J \$.	10-	
	e which branch or t the contract is wi	branches Executive	□-No □ Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	n □Money Order	5-11-2023	ļ			
Last Name	Fi	irst			MI	
Green		Adrian				
Residential Street Address	City	, , -		State	Zip Code	
35 Woodmere Road	13	ridgeport		CT	06610	
Principal Occupation		Name of Employer	<u></u>			
Is contributor a lobbyist, spouse,	ess of \$400 to a ca	ndidate for a chief executive	e officer of a municipality	, Amoi	ınt of Contribution	
or dependent child of a lobbyist?		ciated with have a contract Yes D No	with said municipality			
<u> </u>		ontractor or prospective stat	te contractor?	* F	57)-	
event reported in Section L1?	e which branch or	branches	□ No		JO	
If yes, list Event # of governmen Method of Contribution:	t the contract is wi	Date Received	Legislative Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐ Money Order	5-19-23		-		
Last Name		irst			MI	
Manciero		Andrew				
Residential Street Address	City	Andrew		State	Zip Code	
2391 Whitney Avenue	[]-{	anden		CT	06518	
Principal Occupation		Name of Employer	<u> </u>	ii	<u> </u>	
Is contributor a lobbyist, spouse,		ndidate for a chief executive		, Amou	nt of Contribution	
or dependent child of a lobbyist? I No does contributor or busing valued at more than \$5,0		ciated with have a contract Yes No	with said municipality		-	
Is this contribution associated with an Yes Is contributor a print	 _	ontractor or prospective state	e contractor?	\$1	<i>a</i>)	
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Method of Contribution:	i me comiact is Wi	Date Received	Aggregate Contributions	-	•	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐Money Order	5-19-23	·			
SUBTOTAL Section B — This Page						
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTION						
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
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A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			TAL SECTION A	\$			
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B. Itemiz	zed Cont	tribu	tions from Indivi	duais	M I N		
Last Name		First		and the property and the second contract of t		ariministra	MI
Cruz			Stancarto Head				
Residential Street Address	Ci	ity			State	1	Cade
24 Park Place # 26F		Ha	Head		CT	1	16106
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, I Yes If contribution is in excessor dependent child of a lobbyist? I No does contributor or busine	ss of \$400 to	a cand	idate for a chief executive	e officer of a municipality	y, Amo	unt	f Contribution
or dependent child of a lobbyist? The does contributor or busine valued at more than \$5,00		associa	Yes No	with said manicipanty			
			ractor or prospective state	e contractor? U Yes	\$	10	0-
event reported in Section L1?				☐ Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
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and the state of t		Pirst					MI
Gonzalez		1/	Angel				
Residential Street Address	Ci	سلسٽ ity			State	Zip	Code
1061 George Ave		Ro	Angel uchledge		FL	13	2985
Principal Occupation			Name of Employer				- U
Is contributor a lobbyist, spouse,					y, Amo	unt o	f Contribution
or dependent child of a lobbyist? In o does contributor or busine valued at more than \$5,00	ess he/she is						
 		ate cont	ractor or prospective stat	te contractor?	1;	_	
event reported in Section L1? Two If yes, indicate v	which branc	h or br	anches	□ No	\$	10C	1_
If yes, list Event # of government t Method of Contribution:	the contract i		Executive Date Received	Legislative Aggregate Contributions	-		
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Last Name 2 /		First				and the state of t	MI
Taker		1.00	Kende II				
Residential Street Address	Cit	ity		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zin	Code
221 Transpull Street Apt 605	J.,	H	Kende II artferd		CT	ĵ .	6103
Principal Occupation			Name of Employer			1	<u> </u>
- *			• •				
Is contributor a lobbyist, spouse,	s of \$400 to :	a candi	date for a chief executive	officer of a municipality	/. Amo	กามเ	f Contribution
or dependent child of a lobbyist? No does contributor or busine	ess he/she is a		ted with have a contract		1,,,,,,	0	- 5000000000
valued at more than \$5,00			Yes No	contract-of FIST	1	_	7_
event reported in Section L1?	which branch	h or bra		□ No	1 4	56	· comm
	If yes, list Event # of government the contract is with:						
Method of Contribution: Date Received Aggregate Contributions Aggregate Contributions						•	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 5-19-23							
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TOTAL OF ALL CONTRIBUTIONS							
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
A. Total Contributions from S	mall Contributors_Receiv	ed this	Period ONLV			- 10-24 10-24 10-24 10-24 - 10-24 - 10-24 - 10-24 - 10-24 - 10-24 - 10-24 - 10-24 - 10-24 - 10-24
(See instructions for definition of Small			TAL SECTION A	\$		
			<u> </u>			
	B. Itemized Co		ions from Indivi	duals		
Last Name		First	11		-	MI
Lusting	· · · · · · · · · · · · · · · · · · ·		Narc + Hartlerd	·		<u></u>
Residential Street Address		City	1-11-16-1		State	Zip Code
32 Whitman Ave	nne				<i>C. 1</i>	06107
Frincipal Occupation			Name of Employer			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400				, Amo	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associa	ited with have a contract ☐ Yes ☐ No	with said municipality		
	Yes Is contributor a principal of a	state contr	ractor or prospective stat	e contractor?	4	100
event reported in Section L1? If yes, list Event #	No If yes, indicate which bran of government the contrac			☐ No☐ Legislative	P	100-
Method of Contribution:			Date Received	Aggregate Contributions		
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Last Name		First				MI
O'Learn		-	John			
Residential Street Address		City			State	Zip Code
16 Rockland Drie	حور	EN	field		CT	06082
Principal Occupation		1	Name of Employer			
			_			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400				, Amoi	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associa	ted with have a contract Yes M Ño	with said municipality		
Is this contribution associated with an		state cont	ractor or prospective stat	ie contractor?	1 \$1	A se
event reported in Section L1?	No If yes, indicate which bra of government the contra			☐-No ☐ Legislative	1	UC/
Method of Contribution:	or government the contra		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Co	ard □Payroll Deduction □Money	Order				
Last Name		First				MI
James	•	P	Ethan			
Residential Street Address		City			State	Zip Code
221 Trumbull 5th	eet	Ha.	Hard		C7	06103
Principal Occupation	1177	1	Name of Employer			
,						
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400				, Amou	ant of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associa	ted with have a contract ☐ Yes ☐ No	with said municipality		
Is this contribution associated with an				e contractor?	7 <i>\$</i>) 571
event reported in Section L1?	No If yes, indicate which bran of government the contract			☐ No ☐ Legislative		~ C
Method of Contribution:	ox government the contract		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □Payroll Deduction □Money	Order	5-20-23			1
SUBTOTAL Section B — This Page						
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						
(Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$				
B. Itemized Contributions from Indivi	duals				
Last Name First	MI				
Residential Street Address City	State Zip Code				
Residential Street Address 21 Temple Street Apt 506 Hartford	State Zip Code CT CG/173				
Principal Occupation Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes					
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1? No If yes, indicate which branch or branches	te contractor?				
Method of Contribution: Date Received	Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 5-22-23					
Speracek Pylan	MI				
Residential Street Address 25 Thomas Street West Hartherd	State Zip Code CT OG/19				
Principal Occupation Name of Employer					
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 does contributor or business he/she is associated with have a contract valued at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality				
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Method of Contribution: Date Received	Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 5-34-33					
Last Name Cebrun Nich	MI				
Residential Street Address 192 Laurel Street Hartford	State Zip Code CT C6/05				
Principal Occupation Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective s	□ No □ Legislative				
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ S-16-23 □ Aggregate Contributions					
SUBTOTAL Section B — This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	TYPE OF REPORT				
			-		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	\$	\$			
B. Itemized	Contributions from Indiv	iduals			
Last Name Livera	First Julan			MI	
Residential Street Address 15 Chafman Street	City		State Zip	Code 114	
Principal Occupation	Name of Employer				
	400 to a candidate for a chief execution where is associated with have a contract and Yes No	t with said municipality	Amount	of Contribution	
		ate contractor?	\$20	20-	
Method of Contribution:	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M	oney Order 5-34-23				
Last Name Rivera	Pirst David			MI	
Residential Street Address 85 Larchmont Civile	City Stratford		State Zip	Code	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	400 to a candidate for a chief executi /she is associated with have a contract Yes No	ve officer of a municipality, it with said municipality	Amount	of Contribution	
Is this contribution associated with an		ate contractor? Yes No Legislative	\$50)	
Method of Contribution:	Date Received	Aggregate Contributions		•	
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Last Name Bellucci	Harry			MÍ	
Residential Street Address 18 Last brook Run C	City 1. bot HatCal	· [i -	Code 1611 7	
Principal Occupation	Name of Employer			• (1)	
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Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the contributor appropriate to the section L1?		tte contractor?	400	<i>J</i> - <u>-</u>	
Method of Contribution:	Date Received	Aggregate Contributions			
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SUBTOTAL Section B — This Page					
TOTAL OF ALL CONTENDITIONS FROM INDIVIDUALS (Sections A + R)					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
	·						
A. Total Contributions from Small (See instructions for definition of Small Contr			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Co.	itribi	utions from Indivi	duals			
Last Name		Fir	st ,		· · · · · · · · · · · · · · · · · · ·		MI
Corls		_ _	Kendall				
Residential Street Address 221 Trumbull Street	AP+# GOS	City	hotterd		State	Zip C	60de 6103
Principal Occupation			Name of Employer		··		
or dependent child of a lobbyist? \(\subseteq\) No \(\subseteq\) does	ontribution is in excess of \$400 to scontributor or business he/she and at more than \$5,000?				y, Am	ount o	f Contribution
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Last Name		Fir	n and material court of the contract of the first of the court of the			or the second	МІ
///			Mayd]
Residential Street Address		City	1 (1)		State	Zip (
13165 Asylum Street	+ Apt #2	H	artford		CT	a	alleg .
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							
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Last Name		Fire	st		هجي فيجينا احجاد		MI ·
Rochester		/	Andre				
Residential Street Address 48 Prospect Street		City	ist Hartfere		State	Zip (9.5
		E		<u> </u>	CT	L	6108
Principal Occupation			Name of Employer				
or dependent child of a lobbyist? No does	ontribution is in excess of \$400 to contributor or business he/she i ed at more than \$5,000?	o a can s assoc	didate for a chief executive iated with have a contract \[\sum_{\text{Yes}} \text{No} \]	e officer of a municipality	y, Amo	ount of	Contribution
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SUBTOTAL Section B — This Page TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)							
(Enter total on Line 13, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$			
B. Itemized Contributions from Indivi	duals			
Con Ception Julio Residential Street Address City	PA			
Residential Street Address City Hartford	State Zip Code CT 06103			
Principal Occupation Name of Employer				
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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?				
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 of government the contract is with: Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive Is contributor a principal of a state contractor or prospective state of government the contract is with:	te contractor?			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 7-23	Aggregate Contributions			
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Residential Street Address 113 Serry Daniels Road Madberrough	State Zip Code CT CG447			
Principal Occupation Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contractivated at more than \$5,000?				
Is this contribution associated with an	tle contractor? Yes \$/00-			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ -7-33	Aggregate Contributions			
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Residential Street Address Handing den Dr. We West Hart B. Principal Occupation Name of Employer	State Zip Code CT CG/17			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No				
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 that the contract is with: If yes, list Event # Is contributor a principal of a state contractor or prospective state that the contract is with: If yes, indicate which branch or branches of government the contract is with:	te contractor?			
Method of Contribution: Cash Personal Check Erredit/Debit Card Payroll Deduction Money Order 6-7-33	Aggregate Contributions			
SUBTOTAL Section B — This Page				
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$				
	<u>,</u>					
	Augustina August August	.a				
Last Name . A	ntributions from Indiv	iduais		l MI		
Macias	Jesse					
Residential Street Address City State Zip Code						
108 Washhoten Ave	East Hartful	d	CTC	6118		
Principal Occupation	Name of Employer			· · · · · · · · · · · · · · · · · · ·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Amount o	f Contribution		
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Residential Street Address		James Oity Hacked	i i	State Zip Code		
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Goldblatt H	Tlary			
Residential Street Address City	State Zip Code			
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	ne of Employer			
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1 Fern Street	<u> </u>	(CT 06067			
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19 Pack Street	Stafford SpM	795	CT 06076			
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Cristofaso	Victor Rocky Hill				
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Principal Occupation	Name of Employer	<u></u> <u></u> <u></u>	-1 Juaner		
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Elen S	Boardon		1483		
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270 Laurel Street	Hartford		CT		
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283 Crown Street	Wew Haven	(CT 06511		
Principal Occupation	Name of Employer				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
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Principal Occupation	Name of Employer			
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5 Paniel Blud	Halaeze Blownfield		CT 06002		
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17 Chapin Place	Mairford		C1 00114		
Principal Occupation	Name of Employer				
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Last Name	First	and the state of t	MI		
Residential Street Address 37 Oxford Street	Brian				
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Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
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Principal Occupation	Name of Employer				
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Last Name Velez	First			MI	
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389 Garden Street	Hartferd		CTO	6112	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount	of Contribution	
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Gibson	Ricardo City Male Marci			1	
Residential Street Address	City		State Zip	Code	
12 Regal Court	Waterbury		CT 6	16705	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executive	e officer of a municipality	Amount	of Contribution	
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B. Itemized Con	tributions from Individuals
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Last Name	Pirst a d MI
Cooper	Mannan
Residential Street Address	Mannan Sity Hartford State Zip Code CT Closs
873 West Boulevard	Hartford CT C6105
Principal Occupation	Name of Employer
	o a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality
valued at more than \$5,000?	Yes No
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D. L. C.	TX co-CP-stars
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TOTAL	of additional Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A + B) 3, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Caamano For Hartford								
L1. Event Information								
Event # Description Letter Description Campaign Kicf	coff	entité de la constitución de la	Was this a fundraising event					
Location: Street Address	City		State Zip Code					
1 HAYNES ST	HARTFORD		CT 06 103					
Subpart 1: (All Committees)	P=111 /ra . 0 . 2 7 5	Y 77 17 17 11	A Country of Country to Manager					
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complete	e required information for any					
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L and complete required i		of Considered Contributions					
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Reco	eipts here.)						
with purchases from an individual of up to \$100?	Ď No	.	<u> </u>					
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ittees other than Exploratory Yes (If yes, go to Section Lagor or on a Sign and comp	Purchases of Advert						
Subpart 3: (Town Committees ONLY)								
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Rec	eipts here.)	\$					
gamering near within the state with this fundration?	DNo							
Event# Description			Was this a fundraising even					
Date of Event Letter 6/27/23 Fundraiser Eve	enf		Yes No					
Location: Street Address	City		State Zip Code					
6/27/23 Fundraiser Eve Location: Street Address 570 Wethersfiell Are	Hart Corv	1	et 06/06					
Subpart I: (All Committees)	UNCO /Iffure co to Section 1.5	To Wind Donations n	at Canaidanad Cantaibutions					
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complete	required information for any					
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		not Considered Contributions					
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Reco	eipts here.)						
with purchases from an individual of up to \$100?			\$					
	No No							
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ittees other than Exploratory Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti	- ·					
Subpart 3: (Town Committees ONLY)								
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Rece	ipts here.)	\$					
gamering neta within the state with this fullditaiser:	12No		<u> </u>					
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fro	Secretary of the second secretary of the second secretary	This Page						
	on L1—Subpart 3 <i>(Town Committ</i> ots from Food Purchases — T							
	FOTAL of additional Section	L1 Pages						
	PTS FROM SMALL PUR Line 16a, Column A of Summary		P					

	ublic Act 11-48, effect al purchases from a co							
NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	rv)	· · · · · · · · · · · · · · · · · · ·	TYPE OF REPOR	rT		
	L3. Purchase	s of Advertisir	ıg in a Progra	m Book or o	n a Sign			
Name of Purchaser							Made By:	
							siness Entity	Other
Street Address			City			∐ Ind	ividual/Sole P	Zip Code
Buedi Aduloss		·	City				Siate	Zip Codo
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pre	ogram Ad Purcha	se /	Amount of Sig	gu Purchase
Name of Purchaser				<u></u>		Purchase	e Made By:	
						_	siness Entity	Other
			r	···		☐ Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se /	Amount of Sig	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						∏ Bu	siness Entity ividual/Sole P	☐ Other roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purchase
Name of Purchaser						Purchasi	e Made By:	one and the second of the seco
					ł		siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address		-	City		·		State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purchas	se /	L	gn Purchase
Name of Purchaser					J	Purchasi	Made By:	
							iness Entity	Other
					1		ividual/Sole Pi	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchas	se /	Amount of Sig	n Purchase
		00 0						-
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book –	– This Page		and the second s	
	SUBTOTAL Section	on L3 Total Purci	hases of Advertis	ing on a Sign –	– This Page			
				dditional Sectio		••	·	· · · · · · · · · · · · · · · · · · ·
TOTAI	L OF ALL PURCHASES O	K ADVERTISING		M BOOK or C				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	EE (Provide Complete Name o	os Registered with Filing Repository,			TYPE OF REPO	RT		
	1.	1. In-Kind Donations I	Vot Conci	dered Contribu	tions		· · · · · · · · · · · · · · · · · · ·	
Name of Donor		· In Ithiu Dollations	TO COM	deres contribu				
Street Address			City	. <u></u>			State	Zip Code
			<u> </u>		_ <u></u>			<u> </u>
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
☐ Business Entity						_		
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	r this Event			
E Boto Fropricoisinp								
Name of Donor				•				
Street Address		<u> </u>	City	·			State	Zip Code
					٠			
Donation Given By:	Description of Donation		_ 			Fair l	Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event#		Aggregate Value fo	r this Event	-		
Sole Proprietorship				}				
Name of Donor			Desperation of Security Control		and the state of t		in 19 to a section of the Section of	annyaétanné <u>s padéniannya nadés magu</u> at
Street Address	· · · · · · · · · · · · · · · · · · ·		City				State	Zip Code
,								
Donation Given By:	Description of Donation		<u>.L</u>			Fair l	Market Val	ue of Doustion
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value fo	r this Event	-		
Sole Proprietorship								
Name of Donor				· in the second				- 11 <u>/2 - 21</u>
			-					
Street Address	· · · · · · · · · · · · · · · · · · ·		City				State	Zip Code
			1					
Donation Given By:	Description of Donation		<u> </u>			Fair N	Iarket Vali	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event#		Aggregate value for	this Event	_		
☐ Sole Proprietorship								
		SURT	OTAL Secti	on L4 — This Page				and the second s
								Annual Company and the same of the
		TOTAI	of addition	ial Section L4 Page	S.			
TOI		DONATIONS NOT CON				,,,,,,,	arthur angus manadat gan an sang	
		(Enter total on Line 21, Col						
		-						
		•						

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	wide Complete Name as Registered with Filing Reposit	ory)			TYPE OF RE	PORT			
L5. In-Kind Donations Not Considered Contributions Associated with a House Party									
Name of Host		miterion i	ggerin diginan (syyamidiyayan kigamidi diginan diginan dikigan si diginan didilikan si dilikan si dilikan si d I	Is this event s committee?	supporting mo	ore than or	e candidate or lendum L5		
Street Address			City			State	Zip Code		
Description of Donation					Fair Mar	ket Value (of Donation		
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate					
Name of Host				committee?		o	ne candidate or dendum L5		
Street Address			City	- 		State	Zip Code		
Description of Donation					Fair Mar	ket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this ho</i>	st/candidate					
Name of Host	iggerett geset de gest de geset die geset die geset de geset die geset de geset de geset de geset de geset de			committee?	supporting mo Yes No mplete Itemiza	0	ne candidate or lendum L5		
Street Address			City			State	Zip Code		
		!							
Description of Donation					Fair Mar	ket Value o	of Donation		
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate		•			
Name of Host				committee?		O	e candidate or endum 15		
Street Address			City			State	Zip Code		
Description of Donation				<u> </u>	Fair Mar	ket Value o	f Donation		
Event#	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	Wcandidate			!		
	S	UB	TOTAL Section L5 — T	his Page					
			L of additional Section			and the second s			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin		ONSIDERED CONTRIE 2, Column A of Summary P						
<u> </u>									

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	TYPE OF REPORT								
	<u> </u>								
M. In-Kind Contributions									
Name									
Street Address	··		City		State	Zip Code			
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution					
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse,		n excess of \$400 to a candid r business he/she is associat n \$5,000?			Fair Market Value of this Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes	outor a principal of a state c r, indicate which branch or vernment the contract is wit	branches	□No					
Name			A STATE OF THE STA		the state of the s				
						!			
Street Address		 	City		State	Zip Code			
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	_i	<u> </u>			
☐ Individual / Sole Proprietorship ☐ Other					<u></u>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		in excess of \$400 to a cand or business he/she is associa an \$5,000?				Aarket Value Contributiou			
Is this contribution associated with an event reported in Section L1? **Myes, list Event #**	☐ No If yes	outor a principal of a state or , indicate which branch or remment the contract is with	branches	□No		. !			
Name									
Street Address	<u> </u>		City		State	Zip Code			
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution					
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor of	in excess of \$400 to a cand or business he/she is associa an \$5,000?	ited with have a contract w			larket Value Contribution			
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	No If yes,	utor a principal of a state co, indicate which branch or ernment the contract is with	branches	□ No]		!			
		SUBTOTAL	Section M — This Pag	:	<u> </u>				
		TOTAL of add	itional Section M Page	series Series					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)									
N. Refundable Deposit to Telephone Company									
Last Name of Individual		Fírst	<u> </u>	MI	Date Deposit	Made			
Residential Street Address		City	<u> </u>	State Zip Code					
TOSAIOREM DECCE I MILIOS				Enp Code	1	mount of Deposit			
Name of Telephone Company									
	·								
Street Address		City	,	State Zip Code					
	,								
TOTAL SE	CTION N (Enter	total on Line 24, Column	A of Summary Page Total	(s)					

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20 Reshed January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
(aan						
P. Expenses Paid by Committee						
Name of Payee	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Date of Payment	Method of Payment:			
لم ١	works unlimited	1/1/63	E-Check # S/			
Street Address	City	16/1/3	Debit Card DEFT State Zip Code			
	11000		State State			
	1444 Later	2 	57 O(,)03			
Purpose of Expenditure (by code)	- Carrier Control	vent#	Amount			
	LOGO / FLYER					
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ch	ecked)	\$ 100			
	□ None of the below					
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independer ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	nt on:OAOBOCOD				
Name of Payee	L O'Balitzati	Date of Payment	Method of Payment:			
Con	odvin Hotel Bar Pina	I-h ha	Check #			
Street Address	City City	010125	Debit Card BFT State Zip Code			
6 11		,				
1 1144	NES AT HARTYON		GT 06/03			
Purpose of Expenditure (by code))	vent#	Amount			
	Fundsaise (food)					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ch	ecked)	184.48			
(if applicable)	☐ None of the below	•	1/87.90			
- :	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independen ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organizatio					
Name of Payee	Cooloniated without tennoutsettent sought (ar-kind continuation)	Date of Payment	Method of Payment;			
	1.1.0 1.021	1/1-100	☐ Check #			
2	Vista Print	16/3/23	☐=Debit Card ☐ EFT			
Street Address	City		State Zip Code			
	AAA	·	MA			
Purpose of Expenditure (by code)	Description	vent#	Amount			
	FLYER PRINT					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ch	iecked)	\$ 43.17			
(if applicable)	☐ None of the below					
	Coordinated with reimbursement sought (joint expenditure) Independe		,			
Name of Payee	Georgian Grant Company of the Compan	Date of Payment	Method of Payment;			
	Obe C	111	Check # 53			
Short Addition	OSCO (aamaro	16/2/33	Debit Card DEFT			
Street Address	City		State Zip Code			
1	Trungal of topics	RD.	06/03			
Purpose of Expenditure (by code)	Description E	vent#	Amount			
(og coac)	Reimonsement					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ch	ecked)	W JJZ			
(if applicable)	☐ None of the below		-			
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independen					
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organizatio	nto A o B o C o D				
	SUBTOTAL Section P $-$ T	his Page				
	TOTAL of additional Section	P Pages				
	TOTAL OF ALL EXPENSES PAID BY COMM (Enter total on Line 19, Column A of Summary Pa					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Q. Campaign Expenses Paid l	w Candidate	
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed?
Street Address Artwerks Unlimited	6/5/23	☐ Yes ☐ No
l	ETHED.	State Zip Code Circle Colors Circl
Purpose of Expenditure (by code) Description	Event #	C & G W
Name of Payee (Name of Vandor, Person or Entity who candidate paid directly)	. Date of Payment	Is reimbursement claimed?
NATION BUILDER	6/9/23	☐ Yes ☐ No
Street Address City		State Zip Code
Purpose of Expenditure (by code) Description CAMIAILA LESSITE	Event#	Amount # 179
Name of Payee (Nume of Vendor, Person or Entity who candidate paid directly) A A C C	Date of Payment 6/13/23	Is reimbersement claimed?
Street Address City UES	7 HACTIFUED	State Zip Code
Purpose of Expenditure (by code) Description Appare Event	Event #	Amount 22
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Kenneth Conbs	Date of Payment	Is reimbursement claimed?
Street Address City		State Zip Code
Purpose of Expenditure (by code) Description Physical Pray Wy	Event #	Amount #155
Name of Payce (Name of Vendor, Person or Enlity who candidate paid directly) LOCALI A	Date of Payment (/23/23	Is reimbusement claimed?
Street Address City	2 Trova	State Zip Code
Purpose of Expenditure (by code) Description Description	Event#	Amount # 13A 3 (
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) ASHUWKI Chilipsi Feld	Date of Payment	Is reimbursement claimed?
Street Address City	Afort	State Zip Code
Purpose of Expenditure (by code) PLYR OR-1	Event #	Amount XX
SUBTOTAL So	ection Q — This Page	
	onal Section Q Pages	
TOTAL OF ALL EXPENSES PAII (Enter total on Line 26, Column A c		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT			
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Instit	tution 7	Type of Credit Card:					
		☐ Visa ☐ Master C	ard	an Express	Other:		
Name of Vendor, Person o	r Entity			Date of Tra	nsaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum R Required 1	ınless "None of the below" i	s checked)				
(if applicable)	☐ None of the below	·					
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con		ndent zation: o A o B o C o E				
Name of Vendor, Person o	r Entity			Date of Tr	ansaction		
	·						
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description	<u> </u>	Event #	<u> </u>	Amount		
(by code)							
Expenditure #	Type of Expenditure (Itemization in Addendum R Required t	unless "None of the below"	is checked)	-			
(if applicable)	☐ None of the below						
	Coordinated with reimbursement sought (joint expendit		ration: OA OB OC OI	,			
Name of Vendor, Person o	r Entity			Date of Tr	ansaction		
			•				
Street Address		City	<u> </u>	State	Zip Code		
Purpose of Expenditure	Description	<u> </u>	Event #	 	Amount		
(by code)	·	·			-		
Expenditure #	Type of Expenditure (Itemization in Addendum R Required 1	unless "None of the below" i	s checked)	1			
(if applicable)	☐ None of the below		·				
	Coordinated with reimbursement sought (joint expenditude of Coordinated without reimbursement sought (in-kind con		ndent zation: o A o B o C o D				
		or Organi					
	SUI	BTOTAL Section R — I	his Page				
	TOTA	AL of additional Section	R Pages				
70	FAL OF ALL EXPENSES INCURRED ON C	OMMITTEE CREDI	T CARD				
(Enter total on Line 27, Column A of Summary Page Totals)							
			·				
1.0							

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT	·	
	S. Expenses Incurred by Com-	mittee but Not Paid	During this Period		
Name of Creditor			<u> </u>	Date Incurre	ed .
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred mate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Required \[\begin{align*} \text{None of the below} \\ \text{Coordinated with reimbursement sought (joint expend)} \[\begin{align*} \text{Coordinated without reimbursement sought (in-kind coordinated)} \]	☐ Indep	is checked) endent ization: OA OBOCOD		
Name of Creditor				Date Incurr	ed
Street Address		City	<u> </u>	State	Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event # .		ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum. S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind or	☐ Indep	is checked) endent ization: o A o B o C o B		
Name of Creditor				Date Incurr	ed
Street Address		City	······································	State	Zîp Code
Purpose of Expenditure (by code)	Description	, 	Event #		ount Incurred mate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	☐ Indep	is checked) endent ization: OA OB OC OD		
		SUBTOTAL Section	S-This Page		
	9	FOTAL of additional Sec	tion S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT Line 28, Column A of Summe			
	Previously reported Exp	enses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Liv	O BY COMMITTEE BU ne 28a, Column A of Summa		and the second s	

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	א)			TY	PE OF RE	PORT		-	
	T. Itemization of Reimb		reamonte	and Sacon	dam Dav	VAAS			······································	
Last Name of Worker/Cons		Fir		ina Secoll	uaty Fa	yecs	Mí	Date of P	yment to	Vendor,
MAST LEATING OF MOLKENCORS							,,,,,	Person or		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1		<u> </u>	!	reported in	Section P:	Committee V		
Street Address of Vander V	Paris Dilla Campita Walas Campita	_	C'e		<u></u>	☐ Chec	k#	_ LDet State	it Card Zip Code	☐ EFT
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City				i	State	Zip Code	
Purpose of Expenditure (by code)	Description				Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed t	unless "None	of the below"	is checked)					
in the second	☐ None of the below ☐ Coordinated with reimbursement sought (joint exper			☐ Indepe	ndent zation: o A	o B o	C Ó D	,	ė.	
Last Name of Worker/Cons		Fir		La Organi	zanon o n	· · · ·	мі	Date of P	ayment to	Vendor,
Basi I dallo ox 17 of Roll Colls								Person or	Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						Reimburse Section P:	Committee V	/orker/Con	sultant as
						☐ Chec		_ 🛮 Del	it Card	□ EFT
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City	1				State	Zip Code	
Purpose of Expenditure (by code)	Description				Event#	· ·			Amount	
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum T Require	ed u	ınless "None	of the below"	is checked)					
-	☐ None of the below ☐ Coordinated with reimbursement sought (joint exper ☐ Coordinated without reimbursement sought (in-kind			☐ Indepe	ndent zation: o A	0 B 0	СОР			
Last Name of Worker/Cons	ultant	Fii	rst			Annual of Super Superior Control	MI		ayment to	Vendor,
	•							Person or	Linkty	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>					Reimburse Section P:		Vorker/Cor	sultant as
						Chec	k#		it Card	
Street Address of Vendor, P	erson or Entity Paíd by Committee Worker/Consultant		City				-	State	Zip Code	
Purpose of Expenditure (by code)	Description	1			Event #		<u>.</u>		Amount	
Expenditure#			·							
(if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expen	ıditu	ıre)	☐ Indepe	ndent	•				
	☐ Coordinated without reimbursement sought (in-kind	cont	ribution)	∐ Organiz	zation: o A	ов о	C o D			
		S	UBTOTAL	Section T -	– This Pag	ge				
		TC	OTAL of add	litional Sect	ion T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	VO	RKERS A	ND CONS	ULTANI	rs				
		_								

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices For Campaign Use Only Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification – Form A Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification – Form B

Individual Contributor Certification Form

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me, First Nam	e, Middle Initial)			
Borrano John					
RESIDENTIAL ADDRESS**	PHONE NU	MBER / EMAIL AD	DRESS		
The Hubband Read	860	986/2192	_		
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
Hartful	OT	06114	☐ If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		PRINCIPAL OCC Example: Painter Other Example	UPATION If self-employed, provide Job Description. s: Retired, Unemployed, Student, Homemaker		
Retrad	·	Refire	d		
CONTRIBUTION AMOUNT METHOD OF COM	NTRIBUTION	<u> </u>			
\$ \cdot 0 0 \cdot	it Card/Cred	lit Card 🔲 Mone	ey Order Personal Check #		
☐ In-Kind Contribution (Provide the value in the C	Contribution	Amount field and	a description in the space below):		
Please review the definitions on the bottom of this form a	nd answer eac	ch of the following:			
☐ Yes ☑ No Are you a lobbyist?***					
Yes No Are you the spouse or dependent	child of a lobby	yist?			
If this is a contribution to a candidate committee or explo OFFICER of a municipality (i.e. mayor, first selectman)	•				
Yes No Do you or a business with which the candidate is running that is va			act with the town, city or borough in which		
CERTIFICATION					
I hereby certify and state that all of the information discleto the best of my knowledge and belief. I certify that I am status in the United States. I certify that this contribution manner, is not being made as a loan, and is not an otherward of the state of the s	n either a Unit n is being mad	ed States citizen or a e from my personal t	foreign national with permanent resident		

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (ft). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying. OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

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General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification – Form A Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification – Form B

Individual Contributor Certification Form

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Nat	me. First Nam	e, Middle Initial)			
Sullo, Joseph	1	9, 1/21-10.0			
RESIDENTIAL ADDRESS**	PHONE NU	MBER / EMAIL AD	DRESS		
85 Memorial RJ Apt 411					
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
West Hartford	CT	0667	☐ If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		PRINCIPAL OCCU Example: Painter Other Example	UPATION (f self-employed, provide Job Description. s: Retired, Unemployed, Student, Homemaker		
	genert		·		
CONTRIBUTION AMOUNT METHOD OF CON	TRIBUTION	·			
\$ (\infty \text{ Cash } \text{ Deb}	it Card/Cred	lit Card Mone	y Order Personal Check #		
In-Kind Contribution (Provide the value in the C	Contribution	Amount field and	a description in the space below):		
Please review the definitions on the bottom of this form a	nd answer eac	h of the following:			
Yes No Are you a lobbyist?***					
Yes No Are you the spouse or dependent of	child of a lobby	vist?			
If this is a contribution to a candidate committee or explo					
OFFICER of a municipality (i.e. mayor, first selectman)	or a slate comi	mittee financing such	a candidate, answer the following:		
Yes No Do you or a business with which y the candidate is running that is val			ct with the town, city or borough in which		
CERTIFICATION		 			
I hereby certify and state that all of the information discle to the best of my knowledge and belief. I certify that I am status in the United States. I certify that this contribution manner, is not being made as a loan, and is not an otherw	n either a Unit n is being mad	ed States citizen or a e from my personal f	foreign national with permanent resident		
Steph Sele 6/27/2023					
DATE (mm/dd/yyyy)					

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Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices For Campaign Use Only Solicitor's Initials

Revised May 2018

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<u>General Assembly Candidates Participating</u> in the Citizens' Election Program must use Sample Certification — Form A <u>Statewide Candidates Participating</u> in the Citizens' Election Program must use Sample Certification — Form B

Individual Contributor Certification Form

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NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me, First Nar	ne, Middle Initial)			
SAKO AZBI			·		
RESIDENTIAL ADDRESS**	PHONE N	JMBER / EMAIL AD	DRESS		
823 Wetlersheld We					
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
Hertford	CT	06/14	☐ If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		PRINCIPAL OCC Example: Painter Other Exampl	UPATION if self-employed, provide Job Description. es: Retired, Unemployed, Student, Homemaker		
Git of Horthand		Chaef of	H CE		
CONTRIBUTION AMOUNT METHOD OF CO	NTRIBUTIO	V			
\$ 30.00	oit Card/Cre	dit Card 🔲 Mon	ey Order Dersonal Check #647		
In-Kind Contribution (Provide the value in the	Contribution	Amount field and	a description in the space below):		
	-		•		
			,		
	-				
Please review the definitions on the bottom of this form	and answer ea	ch of the following:			
Yes Are you a lobbyist?***		,			
Yes No Are you the spouse or dependent	child of a lobb	yist?			
If this is a contribution to a candidate committee or exploor OFFICER of a municipality (i.e. mayor, first selectman)					
		_			
Yes Z No Do you or a business with which the candidate is running that is va			act with the town, city or borough in which		
CERTIFICATION	··	·			
I hereby certify and state that all of the information discl	ogad by me as	ed sat farth chave on	this contributor and is true and anappat		
to the best of my knowledge and belief. I certify that I ar					
status in the United States. I certify that this contributio					
manner, is not being made as a loan, and is not an otherwise prohibited contribution.					
			1 1		
			06/27/23		
SIGNATURE OF CONTRIBUTOR			DATE (mm/dd/yyyy)		
I and the second se					

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

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Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Use Only
Solicitor's Initials

Revised May 2018

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General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification — Form A Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification — Form B

Individual Contributor Certification Form

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NAME OF INDIVIDUAL_CONTRIBUTOR* (Last Na	me, First Nam	ie, Middle Initial)			
Chris Pustizy -					
RESIDENTIAL ADDRESS**	PHONE NU	MBER / EMAIL AD	DRESS		
6 - HAWK NOST Cir 845-309-9757 / CPUSTIZE @ COMOSST.					
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
Middle toon CT CG459 If under 18, please li					
NAME OF EMPLOYER If self-employed, provide Name of Business, Example: Dave's Painting Other Examples; Retired, Unemployed, Student, Homemaker		PRINCIPAL OCC	UPATION If self-employed, provide Job Description. s: Retired, Unemployed, Student, Homemuker		
Coffernie Pollerier LCC		MANT	Maraser		
CONTRIBUTION AMOUNT METHOD OF COM	TRIBUTION	<u></u>			
\$ 25 Cash Deb	it Card/Cred	dit Card 🔲 Mone	ey Order Personal Check #		
In-Kind Contribution (Provide the value in the (Contribution	Amount field and	a description in the space below):		
			•		
Please review the definitions on the bottom of this form a	nd answer ead	ch of the following:			
Yes No Are you a lobbyist?***	<u></u>	<u> </u>			
Yes No Are you the spouse or dependent	child of a lobb	yist?			
If this is a contribution to a candidate committee or explo	ratory comm	ittee of a candidate r	unning for CHIEF EXECUTIVE		
OFFICER of a municipality (i.e. mayor, first selectman)	or a slate com	mittee financing such	a candidate, answer the following:		
Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?					
CERTIFICATION					
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.					
6/27/2023					
SIGNATURE OF CONTRIBUTOR			DATE (mm/dd/yyyy)		

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

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Individual Contributor Certification Form

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me, First Nam	e, Middle Initial)			
Obsidian Capital George L.C., Lewis KARAYANO T.					
RESIDENTIAL ADDRESS**	PHONE NU	mbér/email'ad	DRESS		
133 Mountain Street (860)250-9212 Into @ obsidian cupata 18x explic com					
CITY	STATE	ZIP ÇÓDE	Please check if you are UNDER 18:		
Harford CT 06/06 If under 18, please list your age:					
NAME OF EMPLOYER If self-employed, provide Name of Buxiness. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker			UPATION If self-employed, provide Job Description. es: Rettred, Unemployed, Student, Homemaker		
		Consultant			
CONTRIBUTION AMOUNT METHOD OF COM	TRIBUTION	<u> </u>			
\$ 25.60 Cash Deb	it Card/Cred	lit Card Mone	ey Order Personal Check #		
In-Kind Contribution (Provide the value in the	Contribution	Amount field and	a description in the space below):		
			* * *		
			•		
Please review the definitions on the bottom of this form a	nd answer eac	ch of the following:			
Yes No Are you a lobbyist?***					
Yes Are you the spouse or dependent	child of a lobby	yist?			
If this is a contribution to a candidate committee or explo	ratory commi	ittee of a candidate r	unning for CHIER EXECUTIVE		
OFFICER of a municipality (i.e. mayor, first selectman)	•		· ·		
		_	_		
Yes No Do you or a business with which the candidate is running that is va			nct with the town, city or borough in which		
CERTIFICATION					
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate					
to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident					
status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any					
mannergis not being made as a loan, and is not an otherwise prohibited contribution.					
1					
1 Nord-17					
SIGNATURE OF CONTRIBUTOR			DATE (mm/dd/vyvy)		

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Individual Contributor Certification Form

_	•			
NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me, First Nam	e, Middle Initial)		
Eac Delgado Enc				
RESIDENTIAL ADDRESS**	PHONE NU	MBER / EMAIL AD	DRESS	
42 Hanvill Street	(60) 837.1598			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:	
Herrard	CT	06006	☐ If under 18, please list your age:	
NAME OF EMPLOYER If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		PRINCIPAL OCC	UPATION if self-employed, provide Job Description, s: Retired, Unemployed, Student, Homemaker	
Zampas. Direct Amang Cons. Zampasas itan da, Chengary and Samuran Amanana		Dignipped v dance 2 240. Zmanye		
CONTRIBUTION AMOUNT METHOD OF CON	TRIBUTION	<u></u>		
			ey Order Personal Check #	
☐ In-Kind Contribution (Provide the value in the C	Contribution	Amount field and	a description in the space below):	
·				
Please review the definitions on the bottom of this form a	nd answer ead	ch of the following:		
Yes No Are you a lobbyist?***		· · ·		
Yes No Are you the spouse or dependent	child of a lobby	yist?		
If this is a contribution to a candidate committee or explo OFFICER of a municipality (i.e. mayor, first selectman)				
Yes No Do you or a business with which the candidate is running that is va			ect with the town, city or borough in which	
CERTIFICATION				
I hereby certify and state that all of the information disclete the best of my knowledge and belief. I certify that I an status in the United States. I certify that this contribution manner, is not being made as a loan, and is not an otherw	n either a Unit n is being mad	ed States citizen or a e from my personal i	foreign national with permanent resident	
		-	6/27/23	
SIGNATURE OF CONTRIBUTOR		·	DATE (mm/dd/yyyy)	
* 11 H. Hard Contributor's arrange homeon being a gala magnistrambin or	u a mus frontenal an	nice as an anathon an and allead	tendental system 50 day and engaged by a charle broken	

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Individual Contributor Certification Form

[]				
NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)				
Dominuk Castrocci				
RESIDENTIAL ADDRESS**	PHONE NUMBER / EMAIL ADDRESS			
3 River prek or	860-335-2144			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:	
Cromwell	Cr	06416	If under 18, please list your age:	
NAME OF EMPLOYER If self-employed, provide Name of Business, Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker	PRINCIPAL OCCUPATION f.self-employed, provide Job Description, Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker			
Metro And Body & Towns Body strop manyo				
CONTRIBUTION AMOUNT METHOD OF CONTRIBUTION				
\$ 250 00 Cash Debit Card/Credit Card Money Order Personal Check #				
In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):				
			• •	
Please review the definitions on the bottom of this form and answer each of the following:				
Yes No Are you a lobbyist?***				
Yes No Are you the spouse or dependent child of a lobbyist?				
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE				
OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:				
Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?				
CERTIFICATION				
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.				
SIGNATURE OF CONTRIBUTOR SIGNATURE OF CONTRIBUTOR DATE (mm/dd/yyyy)				
~~~ ( unij))))				

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Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

# **Individual Contributor Certification Form**

NAME OF INDIVIDUAL CONTRIBUTOR* (Last I	NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)				
Hude Megan	E				
RESIDENTIAL ADDRESS**  PHONE NUMBER / EMAIL ADDRESS					
15 Grand St	860-91	le 5-3592	Melehman 15 Camario		
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
Enfield	Ct	06082	☐ If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business.  Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		PRINCIPAL OCC Example: Painter Other Example	UPATION If self-employed, provide Job Description. s: Retired, Unemployed, Student, Homemaker		
four Dads Pub	· · · · · · · · · · · · · · · · · · ·	Manager			
CONTRIBUTION AMOUNT METHOD OF CO					
\$ 250   CrCash   Del	bit Card/Credi	t Card □ Money	Order   Personal Check #		
☐ In-Kind Contribution (Provide the value in the	Contribution .	Amount field and a	description in the space below):		
Please review the definitions on the bottom of this form and answer each of the following:					
☐ Yes ☐ No Are you a lobbyist?***	•				
☐ Yes ☐ No Are you the spouse or dependen	nt child of a lobby	yist?			
If this is a contribution to a candidate committee or ex OFFICER of a municipality (i.e. mayor, first selectman					
☐ Yes ☐ No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?					
CERTIFICATION					
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.					
Melan My Old SIGNATURE OF CONTRIBUTOR			6/27/2023 DATE (mm/dd/yyyy)		

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

^{***} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Solicitor's Initia	lj

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification – Form A Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification – Form B

# **Individual Contributor Certification Form**

NAME OF ANDWING OF COMMUNICATION AND A STATE OF THE OWNER OWNER OF THE OWNER OW	YN 4 NI.	B #2 T 31 - Y - 242 - 1)			
NAME OF INDIVIDUAL CONTRIBUTOR* (Last Nar	ne, First Nam	e, Middle Initial)			
coseph Hydro					
RESIDENTJAL ADDRESS*** / PHONE NUMBER / EMAIL ADDRESS					
26 Kuss Street	26 KVGS Street 860-856-3755				
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
Hartferd	CT	06/06	If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business.  Examples Dave's Pointing Other Examples: Retired, Unemployed, Student, Homemaker	· · ·	PRINCIPAL OCCU	JPATION If seif-employed, provide Job Description. s: Retired, Unemployed, Student, Homemaker		
Amazon					
CONTRIBUTION AMOUNT METHOD OF CON	TRIBUTION		·		
\$ \begin{aligned} \& \tag{\tag{Cash}} \ \Debi	it Card/Cred	it Card Mone	y Order Personal Check #		
In-Kind Contribution (Provide the value in the C	Contribution	Amount field and a	description in the space below):		
			· ·		
	,				
Please review the definitions on the bottom of this form an	nd answer eac	h of the following:			
Yes No Are you a lobbyist?***					
Yes Are you the spouse or dependent child of a lobbyist?					
If this is a contribution to a candidate committee or explo					
OFFICER of a municipality (i.e. mayor, first selectman) of	or a siate comi	mittee iinancing such	a candidate, answer the following:		
Yes Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?					
CERTIFICATION					
I hereby certify and state that all of the information discle to the best of my knowledge and belief. I certify that I am status in the United States. I certify that this contribution manner, is not being made as a loan, and is not an otherw	either a Unit is being mad	ed States citizen or a e from my personal f	foreign national with permanent resident		
Lad Jama			5/16/23		
SIGNATURE OF CONTRIBUTOR			DATE (mm/dd/yyyy)		

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying. OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for nunicipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Blaking Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

<u>General Assembly Candidates Participating</u> in the Citizens' Election Program must use Sample Certification — Form A <u>Statewide Candidates Participating</u> in the Citizens' Election Program must use Sample Certification — Form B

# **Individual Contributor Certification Form**

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)						
Alexander Thomas						
RESIDENTIAL ADDRESS**  PHONE NUMBER / EMAIL ADDRESS					DRESS	
25	3 Freema	1 St				
CITY			STATE	ZIP CODE	Please check if you are UNDER 18:	
Har	tford .		M	26/06	If under 18, please list your age:	
	EMPLOYER If self-employed, positing Other Examples: Retired, Unemploy			PRINCIPAL OCCU Example: Pajfftyr Other Example	UPATION If self-employed, provide Job Description. s: Retired, Unemployed, Student, Homemaker	
50	14th Char	ch		Mash	97	
CONTRIB	UTION AMOUNT	METHOD OF COM	NTRIBUTION			
\$		Cash Deb	oit Card/Cred	lit Card   Mone	ey Order Personal Check #	
☐ In-Kin	d Contribution (Provid	de the value in the (	Contribution	Amount field and	a description in the space below):	
•						
Please revi	ew the definitions on the	bottom of this form a	ınd answer eac	ch of the following:		
Yes Z Yo Are you a lobbyist?***						
Yes No Are you the spouse or dependent child of a lobbyist?						
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a manicipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:						
Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?						
CERTIFIC	CATION					
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.						
SIGNATURE OF CONTRIBUTOR DATE (mm/dd/yyyy)						

^{* &}quot;Individual Contributor" means a human being, a sole propretorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (ft). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying, OR (b) receive or agree to receive \$3,000 or more in a calendar year on lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for numicipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

<u>General Assembly Candidates Participating</u> in the Citizens' Election Program must use Sample Certification – Form A <u>Statewide Candidates Participating</u> in the Citizens' Election Program must use Sample Certification – Form B

# **Individual Contributor Certification Form**

Landert mante of Cumumu	e Committee, Bapa			and the second s		
NAME OF INDIVIDUAL CONTRI	BUTOR* (Last Nat	me, First Nam	e, Middle Initial)			
Gilbon, Herman	3					
RESIDENTIAL ADDRESS**		PHONE NU	MBER/EMAIL AD	DRESS		
15 Hemina St	Waterburg J	_		·		
CITY		STATE	ZIP CODE	Please check if you are UNDER 18:		
,	,	CT	06420	☐ If under 18, please list your age:		
NAME OF EMPLOYER if self-employed, Example: Dave's Painting Other Examples: Retired, Unemplo	provide Nume of Business. yed, Student, Homemaker		PRINCIPAL OCC Example: Painter Other Example	UPATION if self-employed, provide Job Description. es: Retired, Unemployed, Student, Homemaker		
				<u> </u>		
CONTRIBUTION AMOUNT	METHOD OF CON	TRIBUTION	<u> </u>			
\$ 5.00	☑ Cash ☐ Deb	it Card/Cred	lit Card 🔲 Mone	ey Order Personal Check #		
In-Kind Contribution (Provi	de the value in the (	Contribution	Amount field and	a description in the space below):		
				• • •		
	-					
Please review the definitions on the	Please review the definitions on the bottom of this form and answer each of the following:					
Yes No Are you a l	lobbyist?***					
Yes No Are you the spouse or dependent child of a lobbyist?						
If this is a contribution to a candida						
OFFICER of a municipality (i.e. ma	yor, first selectman)	or a slate com	mittee financing such	a candidate, answer the following:		
Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?						
CERTIFICATION						
	the information discl	ogod by me an	d set forth above on	this contributor card is true and accurate		
to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any						
manner, is not being made as a loan, and is not an otherwise prohibited contribution.						
· SAL						
Malha				00/25/22		
SIGNATURE OF CONTRIBUTOR				DATE (nm/dd/yyyy)		
SIGNATURE OF CONVINCEOTOR DATE (INDIVIDUALITY)						

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

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^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

# **Individual Contributor Certification Form**

i.	E.					
NAME OF INDIVIDUAL CONTRIBUTOR* (Last Nat	ne, First Nam	e, Middle Initial)				
Torres JUAN						
RESIDENTIAL ADDRESS**	PHONE NU	MBER / EMAIL AD				
99 Pratt St.	860	929-9939	Storres 1781 @ gmail. Gen			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:			
HARTFORD	CT	06103	☐ If under 18, please list your age:			
NAME OF EMPLOYER If self-employed, provide Name of Business.			UPATION If self-employed, provide Job Description.			
Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		Example: Painter Other Example	s: Retired, Unemployed, Student, Homemaker			
DEPT of Corrections						
CONTRIBUTION AMOUNT METHOD OF CON	TRIBUTION					
\$ 250 Cash Debit	Card/Credi	t Card 🖂 Money	Order Personal Check #			
☐ In-Kind Contribution (Provide the value in the Co	ontribution .	Amount field and a	description in the space below):			
			,			
Please review the definitions on the bottom of this form a	nd answer eac	ch of the following:				
☐ Yes (为 No Are you a lobbyist?***		·				
Yes On No Are you the spouse or dependent child of a lobbyist?						
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:						
Yes Oh No Do you or a business with which you are associated*** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?						
CERTIFICATION						
	<del></del>					
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.						
SIGNATURE OF CONTRIBUTOR  JUNE 27, 2023  DATE (mm/dd/ywyy)						
SIGNATURE OF CONTRIBUTOR			DATE (mm/dd/yyyy)			

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organised under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for numicipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Waking Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

# **Individual Contributor Certification Form**

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me First Nor	ne, Middle Initial)	<del></del>		
NAME OF INDIVIDUAL CONTRIBUTOR. (East Na	me, rirst Nan	ie, whome intras			
Caitlyn Murchey Alison					
RESIDENTIAL ADDRESS**	PHONE NUMBER / EMAIL ADDRESS				
36 Greenille st	<u></u>	728-8495			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
Spenior MA	} 		☐ If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business.  Example: Days's Painting Other Examples: Retired, Unemployed, Student, Homemaker			UPATION If self-employed, provide Job Description. s: Retired, Unemployed, Student, Homemoker		
Zampar Date of daming Outer Laway con France, Greenproper, Schooling Transcribert					
CONTRIBUTION AMOUNT METHOD OF CON	TRIBUTION				
			Order   Personal Check #		
☐ In-Kind Contribution (Provide the value in the C	ontribution	Amount field and a	description in the space below):		
Please review the definitions on the bottom of this form and answer each of the following:					
☐ Yes ☐ No Are you a lobbyist?***					
☐ Yes ☐ No Are you the spouse or dependent child of a lobbyist?					
   If this is a contribution to a candidate committee or explo	ratory comm	ittee of a candidate r	unning for CHIEF EXECUTIVE		
OFFICER of a municipality (i.e. mayor, first selectman)	or a slate com	mittee financing sucl	a candidate, answer the following:		
Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?					
CERTIFICATION					
I hereby certify and state that all of the information discl	osed by me ar	d set fouth above on	this contributor and is true and assurate		
to the best of my knowledge and belief. I certify that I an					
status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any					
manner, is not being made as a loan, and is not an otherw	ise prohibited	l contribution.			
11 A 11			and the second second		
WWW //			() une 87th 2023		
SIGNATURE OF CONTRIBUTOR			DATE (mm/dd/yyyy)		

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

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^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Sample Certification - Form M
Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

### Do NOT use this form if candidate is participating in the CITIZENS' ELECTION **PROGRAM**

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

### Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office

NAME OF INDIVIDUAL CONTRIBUT	OR* (Last Na)	me First Nam	e, Middle Initial)		
TANAD OF ANDIA DOTAL CONTINUO	CIC (Last I tu		of middle amount		
RESIDENTIAL ADDRESS**  PHONE NUMBER / EMAIL ADDRESS					
27 Oronge St.		314-4	76-5995	anthony oderby 46 agnoil a	
CITY		STATE	ZIP CODE	Please check if you are UNDER 18-	
Hart Ford		CT	06/06	☐ If under 18, please list your age:	
NAME OF EMPLOYER If self-employed, provide I Example: Dave's Palnting Other Examples: Retired, Unemployed, Stuc-			PRINCIPAL OCC	UPATION If self-employed, provide Job Description. ss: Retired, Unemployed, Student, Homemaker	
Dalmont	ten, Homemunes		Self-C	heckoot	
	THOD OF CON	TRIBUTION		THE RESERVE OF THE PROPERTY OF	
\$ 320	Ćash □ Debit	Card/Credi	t Card   Money	Order Personal Check #	
☐ In-Kind Contribution (Provide the	e value in the C	ontribution	Amount field and a	description in the space below):	
Please review the definitions on the botto	om of this form a	nd answer eac	ch of the following:		
☐ Yes ☑ No Are you a lobby	ist?***				
Yes No Are you the spouse or dependent child of a lobbyist?					
If this is a contribution to a candidate co OFFICER of a municipality (i.e. mayor,					
Yes Tho Do you or a business with which you are associated*** have a contract with the town, city or borough in which					
<u> </u>	running that is val	lued at more th	an \$5,000?		
CERTIFICATION					
				this contributor card is true and accurate foreign national with permanent resident	
status in the United States. I certify that	this contribution	ı is being mad	e from my personal f		
manner, is not being made as a loan, and	is not an otherw	ise prohibited	contribution.	,	
A L				6/27/23	
SIGNATURE OF CONTRIBUTOR				DATE (mm/dd/yyyy)	
* "Le dividue I Descributor" ways a human baina a	sola promiatovskia or	a professional sa	wice cornoration organized	under shanter 50da and anned by a single barray	

* "Individual Contributor" meads a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbytst, the spouse of a lobbytst or any dependent child of a lobbytst who resides in the lobbytst 's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

^{***} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

### **Individual Contributor Certification Form**

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me, First Nam	e, Middle Initial)		
LUBAH MARNUNEN	,			
RESIDENTIAL ADDRESS**	PHONE NUMBER / EMAIL ADDRESS			
1 LINDEN Pl. #105	860.6	25-7589	JUDAH @AFTWORKSUN	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:	
HARTGRAS	CT	06106	☐ If under 18, please list your age:	
NAME OF EMPLOYER If self-employed, provide Name of Business.  Example: Dave's Palming Other Examples: Retired, Unemployed, Student, Homemaker			UPATION If self-employed, provide Job Description. s: Retired, Unemployed, Student, Homemaker	
ARTWORKS UNLIMITED /	UC_	OWNER		
CONTRIBUTION AMOUNT METHOD OF COM				
\$ 250,00 Le Cash Debi	t Card/Credi	t Card   Money	Order   Personal Check #	
☐ In-Kind Contribution (Provide the value in the C	ontribution .	Amount field and a	description in the space below):	
•				
Please review the definitions on the bottom of this form a	nd answer eac	ch of the following:		
Yes No Are you a lobbyist?***	÷		•	
Yes No Are you the spouse or dependent	child of a lobb	yist?		
If this is a contribution to a candidate committee or explo OFFICER of a municipality (i.e. mayor, first selectman)				
Yes Do you or a business with which the candidate is running that is va	•		act with the town, city or borough in which	
CERTIFICATION				
I hereby certify and state that all of the information disclete to the best of my knowledge and belief. I certify that I am status in the United States. I certify that this contribution manner, is not being made as a loan, and is not an otherway.	n either a Unit n is being mad	ed States citizen or a e from my personal	foreign national with permanent resident funds, is not being reimbursed in any	
DENAL NAMBONES			6/27/23	
SIGNATURE OF CONTRIBUTOR	<del></del>		DATE (mm/dd/yyyy)	

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

### **Individual Contributor Certification Form**

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me, First Nan	re, Middle Initial)				
Jan neal						
RESIDENTIAL ADDRESS**						
55 trumbull 57	860-	929 - 0232				
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:			
Harron	CT	Obios	If under 18, please list your age:			
NAME OF EMPLOYER If self-employed, provide Name of Business.		PRINCIPAL OCC	UPATION If self-employed, provide Job Description. es: Retired, Unemployed, Student, Honemaker			
Example: Dove's Painting Other Examples: Retired, Unemployed, Student, Homewaker	<u> </u>	Example, I tilder Quer Example	as retires, Unemprojes, Gritteri, Bomeniane			
CONTRIBUTION AMOUNT METHOD OF CON	TRIBITION					
	<del></del>		Order Personal Check #			
☐ In-Kind Contribution (Provide the value in the C	ontribution	Amount field and a	description in the space below):			
In-wind Continuition (Lioride the saide in the C	onii inarion	Amount new and a	t description in the space below).			
Please review the definitions on the bottom of this form and answer each of the following:						
☐ Yes ☑ No Are you a lobbyist?***						
☐ Yes ☐ No Are you the spouse or dependent child of a lobbyist?						
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE						
OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:						
☐ Yes ☐ No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?						
CERTIFICATION						
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.						
H. N			6/14/23			
SIGNATURE OF CONTRIBUTOR DATE (mm/dd/yyyy)						

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Us	e Only
Solicitor's Initials	

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification — Form A Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification — Form B

# **Individual Contributor Certification Form**

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me, First Nam	ne, Middle Initial)	<u></u>		
Lallor Russ.			. ,		
RESIDENTIAL ADDRESS**	PHONE NU	MBER / EMAIL AD	DRESS		
170 Church Stroct	(860)	)-834-0	308		
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
Newington	CT	06111	If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business.  Example: Dave's Paining Other Examples: Retired, Unemployed, Student, Homemaker		PRINCIPAL OCC  Example: Painter Other Example	UPATION if self-employed, provide Job Description. s: Retired, Unemployed, Student, Homemaker		
All Waster Duc.		COO			
CONTRIBUTION AMOUNT METHOD OF CON	TRIBUTION				
\$ CO Deb	it Card/Cre	dit Card 🔲 Mone	ey Order Personal Check #		
☐ In-Kind Contribution (Provide the value in the C	Contribution	Amount field and	a description in the space below):		
Please review the definitions on the bottom of this form and answer each of the following:					
Yes V No Are you a lobbyist?***					
Yes PNo Are you the spouse or dependent child of a lobbyist?					
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:					
Yes The No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?					
CERTIFICATION					
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.					
SIGNATURE OF CONTRIBUTOR  G/27/2023  DATE (mm/dd/yyyy)					

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the sponse of a lobbyist or any dependent child of a lobbyist who resides in 'houghold. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics exped or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobby: § 1-9\(\text{(as amended by Public Act 15-15)}\). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office office.

^{****} Trustness with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general of moraf the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

<u>General Assembly Candidates Participating</u> in the Citizens' Election Program must use Sample Certification — Form A <u>Statewide Candidates Participating</u> in the Citizens' Election Program must use Sample Certification — Form B

# **Individual Contributor Certification Form**

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)					
Pontalow Patrick					
RESIDENTIAL ADDRESS**	PHONE NU	MBER / EMAIL AD	DRESS		
WAS SILES Das Hay, 207					
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:		
Watershold, CT	09	06104	☐ If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		PRINCIPAL OCCUPATION If self-employed, provide Job Description.  Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker			
Now England Table Sorvers, 1		Principa 1			
CONTRIBUTION AMOUNT METHOD OF CON	TRIBUTION				
\$ Cash Deb	it Card/Cred	lit Card 🔲 Mone	ey Order Personal Check #		
☐ In-Kind Contribution (Provide the value in the C	Contribution	Amount field and a	a description in the space below):		
·					
Please review the definitions on the bottom of this form a	nd answer eac	ch of the following:			
Yes No Are you a lobbyist?***					
Yes You he spouse or dependent child of a lobbyist?					
If this is a contribution to a candidate committee or explo	ratory commi	ittee of a candidate ri	unning for CHIEF EXECUTIVE		
OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:					
Yes Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?					
CERTIFICATION					
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.					
11/ 1/2023					
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)			

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594u and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes §54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in holsehold. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethic expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobby § 1-94 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

### Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

<u>General Assembly Candidates Participating</u> in the Citizens' Election Program must use Sample Certification — Form A <u>Statewide Candidates Participating</u> in the Citizens' Election Program must use Sample Certification — Form B

# **Individual Contributor Certification Form**

							Printerscoppediatessory, Survey College, Section 1	
NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)								
Rivera Dennis								
RESIDEN	ITIAL ADDI	RESS**			PHONE NU	MBER / EMAIL AD	DDRESS	
98	Q81 SOUTH RD 860-706-4314							
CITY					STATE	ZIP CODE	Please check if you are UNDER 18:	
ta	rmin	9+0,	ή .		CT		☐ If under 18, please list your age:	
NAME O	F EMPLOYI	${f R}$ If self-entploye	ed, provide Name of Busines ployed, Student, Homemake	ss. er		PRINCIPAL OCCUPATION if self-employed, provide Job Description.  Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker		
NB	Publi	4 Sch						
CONTRI	BUTION AM	OUNT	METHOD (	OF CON	TRIBUTION	[		
\$ 250	1.00		Cash	☐ Debi	t Card/Cred	lit Card 🔲 Mon	ey Order Personal Check #	
☐ In-Ki	nd Contribu	ition (Prov	ide the value	in the C	ontribution	Amount field and	a description in the space below):	
		`					* ,	
Please rev	iew the defin	ítions on th	e bottom of this	s form an	ıd answer ead	ch of the following:		
☐ Yes	Yes No Are you a lobbyist?***							
☐ Yes	Yes No Are you the spouse or dependent child of a lobbyist?							
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE								
OFFICER	l of a municip	pality (i.e. n	nayor, first seled	ctman) o	r a slate com	mittee financing sucl	n a candidate, answer the following:	
Yes Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?								
CERTIFICATION								
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident								
status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any								
manner, is not being made as a loan, and is not an otherwise prohibited contribution.								
n Donaha								
1 emus + mus								
SIGNATURE OF CONTRIBUTOR  DATE (mm/dd/yyyy)								

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

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^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's vousehold. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) xpend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those flices.

^{***} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% f more of the total stock of the business.

Sample Certification - Form M
Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

### Do NOT use this form if candidate is participating in the CITIZENS' ELECTION **PROGRAM**

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

### **Individual Contributor Certification Form**

NAME OF INDIVIDUAL CONTRI	BUTOR* (Last Nat	me, First Nam	e, Middle Initial)			
Madraza Dorcu						
RESIDENTIAL ADDRESS**		PHONE NU	MBER / EMAIL AD	DRESS		
27 derby st						
CĬTY		STATE	ZIP CODE	Please check if you are UNDER 18:		
Lewisoton		CT	06053	☐ If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, pr Example: Dave's Pathling Other Examples: Retired, Unemploy	rovide Name of Business. ed, Student, Homemaker		PRINCIPAL OCCUPATION If self-employed, provide Job Description.  Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker			
CONTRIBUTION AMOUNT	METHOD OF CON	TRIBUTION				
\$ 250.00	☑ Cash ☐ Debit	Card/Credi	t Card 🔲 Money	Order   Personal Check #		
☐ In-Kind Contribution (Provide	e the value in the C	ontribution A	Amount field and a	description in the space below):		
,			Š.			
				•		
Please review the definitions on the h	oottom of this form a	nd answer eac	ch of the following:	<u> </u>		
☐ Yes 🙀 No Are you a lobbyist?***						
☐ Yes ☐ No Are you the spouse or dependent child of a lobbyist?						
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:						
Yes PNo Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?						
CERTIFICATION						
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a toan, and is not an otherwise prohibited contribution.						
SIGNATURE OF GONTRIBUTOR  The 27-2023  DATE (mm/dd/yyyy)						

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes  $\S$  54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes  $\S$  1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist is household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying, General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaigu Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification -- Form A

# **Individual Contributor Certification Form**

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office

NAME OF INDIVIDUAL CONTRI	BUTOR* (Last Na	me, First Nan	ne, Middle Initial)			
Ramki	SCOON	Dene				
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS				
/ GOLD ST 10B		30	305-803-1334			
CITY		STATE	ZIP CODE	Please check if you are UNDER 18:		
Hartford	OT	061=3	☐ If under 18, please list your age:			
NAME OF EMPLOYER If self-employed, p Example: Dave's Painting Other Examples: Retired, Unemplo				CUPATION If self-employed, provide Job Description.  les: Retired, Unemployed, Student, Homemaker		
KUBERA FINANCE FINANCE						
CONTRIBUTION AMOUNT	METHOD OF CON					
\$ 200	∏Gash □ Debit	t Card/Credi	t Card   Money	Order Personal Check #		
🗖 In-Kind Contribution (Provid	e the value in the C	Contribution	Amount field and	a description in the space below):		
Please review the definitions on the	bottom of this form a	nd answer ea	ch of the following:			
☐ Yes ☐ No Are you a l	☐ Yes ☐ No Are you a lobbyist?***					
☐ Yes ☐ No Are you the	Yes Cho Are you the spouse or dependent child of a lobbyist?					
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:						
Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which						
the candidate is running that is valued at more than \$5,000?						
CERTIFICATION						
to the best of my knowledge and beli	ef. I certify that I an that this contribution	n either a Uni n is being mad	ted States citizen or : le from my personal	this contributor card is true and accurate a foreign national with permanent resident funds, is not being reimbursed in any		
1 1 1/20/ 1 1 /						

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) experor agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for numicipal office up to the limits for those office

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5%

Form M - For use by: Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices

For Campaign Use Only Solicitor's Initials

Revised May 2018

# Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification -- Form A

#### **Individual Contributor Certification Form**

NAME OF TAXOUTH A COMPANY OF A AND AND A STATE OF TAXOUTH A STATE OF TAXOUTH AND A STATE OF TAXOUTH AND A STATE OF TAXOUTH A STATE OF TAXOUTH A STATE OF TAXOUTH A STATE OF TAXOUTH A S	771 4 37	36 ( 3 ) 3			
NAME OF INDIVIDUAL CONTRIBUTOR* (Last Na	me, First Nam	e, Middle Initial)			
Moran, Hector					
RESIDENTIAL ADDRESS**	PHONE NU	MBER / EMAIL AD	DRESS		
371 Kranklin Ave 860-970-9434					
CITY	STATE	ZIP CODE	Please check if you are UNDER 18;		
Dad ford	CT	06/84	☐ If under 18, please list your age:		
NAME OF EMPLOYER If self-employed, provide Name of Business.		PRINCIPAL OCCUPATION If self-employed, provide Job Description.			
Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		Example: Painter Other Example	s: Retired, Unemplayed, Student, Homemaker		
	I				
CONTRIBUTION AMOUNT METHOD OF COM	TRIBUTION				
\$ 50 Cash Debit	t Card/Credi	t Card   Money	Order   Personal Check #		
☐ In-Kind Contribution (Provide the value in the C	ontribution A	Amount field and a	description in the space below):		
Please review the definitions on the bottom of this form a	nd answer eac	h of the following:			
☐ Yes					
Yes No Are you the spouse or dependent child of a lobbyist?					
If this is a contribution to a candidate committee or explo	ratory commi	ttee of a candidate ri	inning for CHIER EXECUTIVE		
OFFICER of a municipality (i.e. mayor, first selectman)					
Yes Do you or a business with which you are associated**** have a contract with the town, city or borough in which					
the candidate is running that is valued at more than \$5,000?					
CERTIFICATION					
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.					
VI.					
1/4-					
SIGNATURE OF CONTRIBUTOR DATE (mm/dd/yyyy)					

^{* &}quot;Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

^{**} You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

^{***} The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for nunicipal office up to the limits for those offices.

^{****} A "business with which you are associated" refers to any business in which the contributor to a discount.