SEEC FORM 20

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE										
Tiana for Hartford										
2. TREASURER NAME										
First		MI Last							Suffix	
Camryn			Kessler							
3. TREASURER ADDRESS							Stat		Zip Co	da
Street Address 73 Imlay St				City Hartford					0610	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only	if Candidate	Committee)				44000000000000000000000000000000000000	LICT NUMBER
(mm/dd/yyyy) 11/07/2023	City Council							(if applicable)	,	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato									
First		MI Last Hercules								Suffix
Tiana			USAN YANG	Hercuie	!S		vinským (mjýc)	Statistica (
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	7th day preced	ding primar	У	7th day preceding referendum				al Conti (ONLY)	ribution or	Disbursement
April 10 filing	◯30 days follow	ving primar	primary 45 days following referendum			ferendum	OAme		t to	
OJuly 10 filing	O7th day preced	ding electio	n	O Def	icit		Туре	of Rep	ort:	
October 10 filing	12th day preco			Termination			<u> </u>			
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n							
9. PERIOD COVERED										
	Beginning Da	te			Ending D	ate				
	April 1, 2023			thru	June 30, 2023		_			
10. CERTIFICATION										
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Company Kesser 1/10/23										
TREASURÉR OR DEPUTY TREASUR	ER (SIGNATURE)		PRIN	II NAME	OF SIGNER				DATE (mm/ad/yyyy)

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

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) Tiana for Hartford	TYPE OF REPORT July 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	1873.00	
13. Contributions Received from Individuals (Sections A and B)	3188.00	5248.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3188.00	5248.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5061.80	5248.00
19. Expenses Paid by Committee (Section P)	134.30	320.50
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4927.50	4927.50
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	131.01	131.01
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	עיוי	TYPE OF REPORT			
Tiana for Hartford		July 10 filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Last Name	Contributions from Indiv	iduals		ТМІ	
Carter	Sarana				
Residential Street Address	City		State	Zip Code	
73 Cumberland St	Hartford		CT	06106	
Principal Occupation Executive Director	Name of Employer CT BBSU				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?		Amount of Contribution \$25			
	of a state contractor or prospective state to branch or branches ontract is with:	No.			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction M	Date Received 4/2/23	Aggregate Contributions \$25			
Last Name	First			МІ	
Tucker	Sabrina		00-0-	7:-0-1-	
Residential Street Address 105 Privilege Rd	City Bloomfield		State CT	Zip Code 06002	
Principal Occupation	Name of Employer				
President	Girls for Technolog	J y			
	\$400 to a candidate for a chief executive/she is associated with have a contractory Yes No	contract with said municipality			
	h branch or branches	tate contractor or prospective state contractor? Yes och or branches			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction M	Date Received 4/2/23	Aggregate Contributions \$100			
Last Name Bryan	First Val			MI	
Residential Street Address	City		State	Zip Code	
180 Beacon St	Hartford		CT	06105	
Principal Occupation Retired	Name of Employer Retired				
	\$400 to a candidate for a chief executive/she is associated with have a contractive Yes No		, Am	ount of Contribution	
	of a state contractor or prospective stands or branches ontract is with:	⊘ No			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction OM		\$50			
	UBTOTAL Section B — This				
	TAL of additional Section B				
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on 1	ROM INDIVIDUALS (Sections Line 13, Column A of Summary Page	A + B) <i>Totals</i>) \$3188			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COM	MITTEE <i>(Provide Compl</i> Ord	TYPE OF REPORT July 10 filing								
		C1. ('ontributio	ons from Ot	her Co	Landitua estabelada de discripción establecida de la Aurel de Caracteria				
Name of Committee					Name of					
Address				Is this contril	ed in Sectio	ociated with an OYes ONo on L1? es, list Event #	Amount of Contribution			
City		State	Zip Code	Date Recei		Aggregate Contributions				
Name of Committee					Name of	Trescurer				
tvaine of Committee					Traine or					
								-		
Address				Is this contriberent reporter	ed in Section	ociated with an Yes No on L1? ees, list Event #	Amount of	Contribution		
City		State	Zip Code	Date Recei	ved	Aggregate Contributions	egate Contributions			
Name of Committee					Name of	Treasurer				
, tame of Committee						*				
Address					<u> </u>		A	Contribution		
Address				ls this contri-	ed in Sectio	ociated with an Yes No on L1? es, list Event #	Amount of	Contribution		
City		State	Zip Code	Date Recei		Aggregate Contributions	-			
	Co	Reimbursemen	its or Surn	lus Distribu	itions fr	rom other Committees				
Name of Committee		Reimbursemei	its or samp	ius izistiiot	Name of					
Address				City	1		State	Zip Code		
. 1441 953				,				*		
Date Received	Expenditure #	Payment Type						47		
Date Received	(if applicable)		nent for shared	avnanca Ac	ense OSurplus Distribution			of Receipt		
D ' ' '		Ortembursen		expense Sai	urpius Dist	Houron	_			
Description										
Name of Committee					Name of	Freasurer				
Address				City			State	Zip Code		
Address				City			State	Esp cout		
	Expenditure #	D								
Date Received	(if applicable)	Payment Type			Surplus D		Amount	of Receipt		
		Oremous	ement for share	ed expense	routpius D	ISTROUTION				
Description										
			SUBTO	OTAL Sectio	n C — T	This Page				
			TOTAL	of additiona	I Section	C Pages				
	TOTAL O	F ALL COMMIT								
	(in the first of the first of the control of the first of the first of the first of the control of the first	ns C1 + C2) (Enter				5 A-000 A-00-0 (100 - 100 A00 A00 A-0				

I. MONETARY RECEIPTS (Sections A—K)

Page 5 of 17

		- Calabian and A	`		55555			
NAME OF COMMITTEE (Provide Complete Name as Registere Tiana for Hartford	d with Filing Reposit	ory)			TYPE OF REPORT July 10 filing			
	D Loans	Dacaiv	ed this Period					
Name of Lender	D. EUAIIS	10000	Source of Loan:			Date of Receipt		
Time of Boats			OBank OCandi	idate 🔘 Individual		Duto of Recorpt		
Street Address	City		<u> </u>	State	Committee Zip Code	Is there a Cosigner or		
						Guarantor of this loan? O Yes No		
Name of Cosigner/Guarantor (if applicable)					<u> </u>	Amount Received		
						Almount Accounce		
Street Address	City			State	Zip Code			
Name of Lender			Source of Loan:	J	<u> </u>	Date of Receipt		
			OBank O Candi	idate 🔘 Individual	Other Committee			
Street Address	City		<u> </u>	State	Zip Code	Is there a Cosigner or		
						Guarantor of this loan? O Yes No		
Name of Cosigner/Guarantor (if applicable)						Amount Received		
						721101111 110001700		
Street Address	City			State	Zip Code			
Name of Lender	<u></u>		Source of Loan:			Date of Receipt		
			OBank O Candi	idate 🔘 Individua	Other Committee			
Street Address	City		<u> </u>	State	Zip Code	Is there a Cosigner or		
						Guarantor of this loan? O Yes No		
Name of Cosigner/Guarantor (if applicable)				I	<u> </u>	Amount Received		
						12		
Street Address	City			State	Zip Code			
				+				
	l							
			TOTAL SECTION	OND				
E. Receipts from Entities other				-:4/n-c		ONES		
	r chan indiv	iuuais	or Other Comm	intiees (kejeren	aum Commute	es ONLI)		
Name of Entity								
Street Address				Date Received		Amount Received		
City		State	Zip Code	Aggregate Contrib	utions			
Name of Entity		<u> </u>	<u> </u>	-				
Street Address				Date Received		Amount Received		
City		State	Zip Code	Aggregate Contrib	utions			
Name of Entity		•		, ,				
Street Address	Date Received		Amount Received					
City		State	Zip Code	Aggregate Contrib	utions			
			TOTAL SECTI	ON E				
	erenen king kabupatèn bandan di Pili		n versioner in der Met New Statistische Statis	e transperatoria de constituir de la con				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Prov	ide Complete Name as Regist	ered with Filing R	epository)		TYPE OF REPORT
Tiana for Hartford					July 10 filing
F, Am	ount Transferred	from Affil	iated Bu	siness Treasury (Busine	ss Entity Committees ONLY)
Date of Receipt	Is this transaction associ event reported in Section		PYes No	If yes, list Event #	Amount
Date of Receipt	Is this transaction associ		Yes No	If yes, list Event #	Amount
Date of Receipt	Is this transaction associ event reported in Section		O Yes No	If yes, list Event #	Amount
Date of Receipt	Is this transaction associ event reported in Section		Yes No	If yes, list Event #	Amount
				TOTAL SECTION	P
G. Amount Transfe	erred from Affilia	ted Labor	Union o	r Other Organization T	reasury (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of Receipt
Amount	:		A	mount	Amount
				TOTAL SECTION G	
H. 1	Personal Funds of	the Candid	late Rec	eived this Period <i>(Cana</i>	lidate Committees ONLY)
Date of Receipt	Method of payment:				Amount
	O Cash	O P	ersonal Che	ck Credit/Debit Ca	ard
Date of Receipt	Method of payment: Cash	O F	ersonal Che	eck Credit/Debit Ca	Amount
Date of Receipt	Method of payment:				Amount
	O Cash	O F	ersonal Che	cck Credit/Debit Ca	ard
Date of Receipt	Method of payment:				Amount
	O Cash	O P	Personal Che	cck Credit/Debit Ca	ard
				TOTAL SECTIO	NH
-			·		
		I. An	onymou	s Contributions	

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

Revised January 2015	1. MONE LARY RECEIPTS	S (Sections A—K)	rage / 01 1/
NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)		OF REPORT	
Tiana for Hartford		July 1	0 filing	
	J. Interest from Deposits in Autho	rized Accounts		
Name of Institution		Date Re	eceived	Amount
Street Address	City	State	Zip Code	
				•
Name of Institution		Date Re	eceived	Amount
Street Address	City	State	Zip Code	
	TO	TAL SECTION J		
K. N	Iiscellaneous Monetary Receipts not Co	onsidered Contrib	utions	
Name	•		ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Description				
Name			ate of Transaction	Amount Received
				7 Intount Received
Street Address	City	State	Zip Code	
Description				
Description				
Name		D	ate of Transaction	Amount Received
				13333
Street Address	City	State	Zip Code	
Description				
Name		E	ate of Transaction	Amount Received
			[a: 0.1	
Street Address	City	State	Zip Code	
Description				_
	TOTAL	SECTION K		
SUMMA	RY OF OTHER MONETARY RECE	PTS (Sections D t	hrough K)	
Total Loans Received this Period (Sec				
Total Receipts from Entities other tha	n Individuals or Other Committees (Section E)	+		
Total Amount Transferred from Affil	iated Business Treasury (Section F)	+		
Total Amount Transferred from Affil	iated Labor Union or Other Organization Trea	sury (Section G) +		
Total Amount of Personal Funds of th	e Candidate Received this Period (Section H)	+		
Total Amount of Interest from Deposi	its in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Receip	ets not Considered Contributions (Section K)	+		
(Add	Total of Oth Sections D through K) (Enter total on Line 15, Columbia	er Monetary Rece		

TOTAL DERIVEY AVAILABLE TO THE PROPERTY OF THE		TVIII (Sections 221							
NAME OF COMMITTEE Tiana for Hartford	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT July 10 filing						
Trana for traition	L1. Even	t Information	pary roming						
Event # Date of Event Letter 05/06/23 A	Description COBA Fundraiser			Was this a fur	ndraising event?				
Location: Street Address	<u> </u>	City		State	Zip Code				
81 Pope Park Hwy		Hartford		СТ	06106				
Subpart 1: (All Commit Was this event hosted at	•	 Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No 							
Did this fundraiser included of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?		Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No						
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items andividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$					
Were there purchases of sign associated with this		② №							
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo							
Event # Date of Event Letter 06/24/23 A	Description Michtom Birthday Fundraiser			Was this a fur	ndraising event?				
Location: Street Address 135 Madison Ave		City Hartford		State CT	Zip Code 06106				
Subpart 1: (All Commit Was this event hosted at		 Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No 							
Did this fundraiser included of up to \$200 or items do	de goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required No		ot Considered	Contributions				
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Red No	ceipts here.)	\$					
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L			Program Book				
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$					
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fi	rom Sale of Donated Items —	This Page						
		tion L1—Subpart 3 <i>(Town Commi</i> Sipts from Food Purchases —							
		TOTAL of additional Section	n L1 Pages						
		IPTS FROM SMALL PU							

				nittees are no longer requ or a sale of donated item			
	TTEE (Provide Complete Name	e as Registered with Filing Reposito	ory)	TYPE OF REPO	RT		
Tiana for Hartford			nananna tra an	July 10 filing			
	L3. Pı	urchases of Advertisi	ng in a Progi	ram Book or on a Sign			
Name of Purchaser		1			1	se Made By: usiness Entity	Other
					OIn	dividual/Sole I	· · · · · · · · · · · · · · · · · · ·
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	ign Purchase
N. CD. 1					Dorecho	aa Mada Daa	
Name of Purchaser					1	se Made By: Isiness Entity	Other
					_	dividual/Sole I	_
Street Address			City		10	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					1 =	usiness Entity dividual/Sole I	Other Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	000	Amount of Si	ian Purahasa
Date Received	EVENT #	Aggiogate i urvitases	ioi Ali Evella	Amount of Frogram Au Furch	asc	Amount of Si	ign i di chase
Name of Purchaser		<u> </u>			Purcha	se Made By:	
					OB	usiness Entity	Other
			·		Oin	dividual/Sole I	· · · · · · · · · · · · · · · · · · ·
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					1 =	asiness Entity dividual/Sole I	Other Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
	SUBTOTAL Sect	tion L3 Total Purchases of	Advertising in	Program Book — This Page			
	SUBTOT	'AL Section L3 Total Purc	chases of Adver	tising on a Sign — This Page			
			TOTAL of	f additional Section L3 Pages			
T	OTAL OF ALL PURCE	HASES OF ADVERTISIN	IG IN A PROG	RAM BOOK or ON A SIGN			

(Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name)	as Registered with Filing Repo	ository)	TYPE OF REP	ORT		
Fiana for Hartford				July 10 filing			
	L	4. In-Kind Donatic	ons Not Cons	idered Contributions			
Name of Donor							
			City			State	Zip Code
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					5.1.477	1 65 6
Business Entity	Description of Bolization				Fair	viarket v	alue of Donation
⊙ Individual	Date Received Event #			Aggregate Value for this Event			
Sole Proprietorship							
lame of Donor							·
treet Address			City			State	Zip Code
					······································		
Donation Given By: Business Entity	Description of Donation				Fair N	Aarket V	alue of Donation
	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship	Date Received	Event w		Approprie value for this Event			
Name of Donor					<u> </u>		
treet Address			City			State	Zip Code
Conation Given By:	Description of Donation				Fair N	Aarket V	alue of Donatio
●Business Entity ●Individual				A Yellor Co. Alia Forma	_		
Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event	the for this Event		
lame of Donor]						
treet Address			City			State	Zip Code
Donation Given By:	Description of Donation		,		Fair N	Aarket V	alue of Donation
Business Entity Individual		1			_		
Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
		S	UBTOTAL Sec	tion L4— This Page			
		TO	OTAL of addition	nal Section L4 Pages			
TO T	'ALOFALL IN-KIN	D DONATIONS NOT	CONSIDERET	CONTRIBUTIONS			
191				Summary Page Totals)			

NAME OF COMMITTEE (Pro	wide Complete Name as Registered with Filing Repo	ository)		TYPE OF RE	PORT			
Tiana for Hartford				July 10 filing				
L5.1	In-Kind Donations Not Conside	red Contributions Associa	ited with a H	Iouse Par	ty .			
Name of Host			Is this event s committee?	supporting m	ore than o	ne candidate or		
Street Address		City	.1		State	Zip Code		
Description of Donation				Fair Mai	rket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	nost/candidate					
Name of Host			committee?	supporting m OYes ON mplete Itemiz	o	ne candidate or		
Street Address		City	1 19 903, 00	impioto atenita	State	Zip Code		
3.3.5.								
Description of Donation				Fair Mai	rket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	iost/candidate					
Name of Host			committee?	Supporting m OYes ON mplete Itemiza	o	ne candidate or		
Street Address		City			State	Zip Code		
	•							
Description of Donation				Fair Mai	Fair Market Value of Donation			
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate		÷			
Name of Host			committee?		o	ne candidate or		
Street Address		City	1 -9,9 25,00		State	Zip Code		
Description of Donation				Fair Mai	rket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate					
		SUBTOTAL Section L5 —	This Page	I				
	ŋ	FOTAL of additional Section	L5 Pages					
TOTAL OI ASSOCIATED WITH A	FALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on)	OT CONSIDERED CONTRI Line 22, Column A of Summary						

Revised January 2015	<u>u. N</u> U	MINIO.	NEIAKY I	KECI	LIP 15 (Section	ns M—	-U)		rage 12 01 17	
NAME OF COMMITTEE (Provide Complete	Name as Ro	egistered with	Filing Repository)			1213111111	F REPORT			
Tiana for Hartford						April 10) filing			
			M. In-Kind	Contr	ributions					
Name										
Street Address				Ci	ty	•		State	Zip Code	
Type of contributor: Committee	Date Rece	ived	Aggregate Contribu	tions	Description of In-Kind	Contribution	1			
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she is a		e for a chief executive of with have a contract wing Yes No				Market Value s Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	ator a principal of a indicate which bra ernment the contrac	inch or bi	tractor or prospective stanches Executive		No			
Name		<u> </u>				.				
Street Address				[Ci	fv			State	Zip Code	
					•,			55		
Type of contributor: Committee	Date Recei	ived	Aggregate Contribut	tions	Description of In-Kind	Contribution			<u> </u>	
Olndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No									Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If yes,	tor a principal of a indicate which bra	nch or br	ractor or prospective sta anches Executive	_	O No			
Name		······································								
Street Address				Ci	ty			State	Zip Code	
Type of contributor: Committee	Date Recei	ived	Aggregate Contribut	ions	Description of In-Kind	Contribution		<u> </u>	<u></u>	
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ribution is in ontributor or at more than	business he/she is	a candida associated	te for a chief executive of with have a contract w	officer of a	n municipality, unicipality		Fair Market Value of this Contribution	
Is this contribution associated with an	(Yes			state cont	ractor or prospective sta	te contrac	tor? OYes			
event reported listed in Section L1? If yes, list Event #	No No	If yes,	indicate which bra rnment the contract	nch or br			O No			
			SUBTO	TAL Se	ction M — This Pag	(e				
			TOTAL o	of additi	onal Section M Page	S				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (E	inter total on Line 2.	3, Column	ı A of Summary Page To	tals)				
	N.	. Refund	lable Deposit	to Tel	ephone Compan	у				
Last Name of Individual			Firs	t			MI	Date Depos	it Made	
Residential Street Address			City			State	Zip Code	Amount of Deposit		
Name of Telephone Company										
Street Address			City			State	Zip Code			
	30 (30 TO 10 PM			1151/1222/1022/10		8008000				
TOTAL SI	CTION	N (Enter .	total on Line 24, C	olumn A	of Summary Page Tota	ls)				

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE_(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Tiana for Hartford			July 10 filing				
P. Expenses Paid by Committee							
Name of Payee			Date of Payment	Method o	f Payment:		
Anedot			var	O Chec			
Street Address		City		O Debi State	t Card		
1340 Poydras Stre	eet, Suite 1770	New Orleans		LA	70112		
Purpose of Expenditure	Description	<u> </u>	Event #	 -	Amount		
(by code) WEB	Fundraising Fees			\$134.30			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) () Independe					
Name of Payee		, 	Date of Payment	Chec			
0		Cit		O Debi			
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description	E	Event #		Amount		
(by code)				\$86.2	0 -		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e)					
Name of Payee			Date of Payment		Payment:		
		•		Chec Debi			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	I F	Syent #		Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) 🔘 Independe					
Name of Payee		Organizati	Date of Payment	_	f Payment:		
				Chec Debi			
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Į.	Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) (Independe	,				
	Section 1995 and 1995	SUBTOTAL Section P —	This Page \$134.30	_			
	ТО	TAL of additional Section	ı P Pages				
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COMI e 19, Column A of Summary F					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor)	y)	TYPE OF REPORT			
Tiana for Hartford	8 - 7	,	July 10 filing			
	Q. Campaign Exp	enses Paid by Cand	idate			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	ls rein	nbursement claimed?	
Stop & Shop			5/6/23	0	Yes 📵 No	
Street Address		City		State	Zip Code	
150 New Park Ave		Hartford		СТ	06106	
Purpose of Expenditure (by code) FOOD	food, drink, cups/plates/utensils		Event # 050623A	Amount \$131.01		
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is rein	ibursement claimed?	
					Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #		Amount	
Name of Payer (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	To main	nbursement claimed?	
Name of Fayee (Name of	r enior, reison or while who cumulade pud unecry)		Date of Fayluent	O	Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code) Description			Event #	Amount		
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? Yes No			
Street Address		City		State	Zip Code	
D 67 15			Event #		Amount	
Purpose of Expenditure (by code)	Description		LVOIR #		Amount	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				0	Yes 🔘 No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	.	Event #		Amount	
Name of Payee (Name of V	{ Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	abursement claimed? Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event #		Amount	
		SUBTOTAL Section Q -	- This Page \$131.01	,		
	TC	OTAL of additional Secti	on Q Pages	••••		
	TOTAL OF ALL EXI (Enter total on Liv	PENSES PAID BY CA				

NAME OF COMMITT Tiana for Hartford	EE (Provide Complete Name as Registered with Filing R	epository)	TYPE OF REPORTED	
		curred on Committee		
Name of Issuing Insti	<u> </u>	Type of Credit Card:		
		O Visa OMa	ster Card O Discover O	American Express Other:
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		Cíty		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R II None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (nt expenditure) 🔘 Is	ndependent	СОр
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R I None of the below Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (nt expenditure)	ndependent	C 🔘 D
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R I None of the below Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (nt expenditure)	low" is checked) ndependent organization:OA OB O	C O D
		SUBTOTAL Section R	t — This Page	
		TOTAL of additional Se	ction R Pages	
TO	TAL OF ALL EXPENSES INCURRE (Enter total	D ON COMMITTEE CF I on Line 27, Column A of Sum		

NAME OF COMMIT	FEE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPOI	₹T	
Tiana for Hartford	1		July 10 filing		
	S. Expenses Incurred b	y Committee but No	t Paid During this Period	l	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S None of the below Coordinated with reimbursement sought Coordinated without reimbursement sough	oint expenditure)	ie below" is checked) Independent Organization: OA OB OC	O D	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S None of the below Coordinated with reimbursement sought (in Coordinated without reimbursement sought)	oint expenditure)	ine below" is checked) Independent Organization: OA OB OC	Oр	
Name of Creditor				Date Incur	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought	oint expenditure)	ine below" is checked) Independent Organization: OA OB OC	O _D	
		SUBTOTAL	Section S-This Page		
		TOTAL of addit	ional Section S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTI (Enter	EE DURING THIS PER total on Line 28, Column A			
	Previously repo	rted Expenses Unpaid a	nd still Outstanding		
	TOTAL OF ALL EXPENSES IN (Enter t	CURRED BY COMMIT otal on Line 28a, Column A			
_					

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposito	ry)			TY	PE OF RE	PORT		
Tiana for Hartford		,			Jul	y 10 filir	ng		
	T. Itemization of Reim	bui	sements	and Secon	dary Pa	yees			
Last Name of Worker/Con	sultant	Fir	rst		. Andrews		М	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant				" -			Committee '	Worker/Consultant as
						reported i	n Section P; ck #	n De	bit Card CEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City	· · · · · · · · · · · · · · · · · · ·		<u> </u>		State	Zip Code
						_			
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kine)	enditu	ure)	♠ Indoor		O () O		
Last Name of Worker/Con	sultant	Fir	st	· · · · · · · · · · · · · · · · · · ·			Mi	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	<u>+</u>					n Section P;	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City			<u> </u>		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expension Coordinated without reimbursement sought (in-kine)	enditı	ure)	C Indone	undant 🙈		о о р		
Last Name of Worker/Con	sultant	Fir	rst				МІ	Date of Person of	Payment to Vendor, or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant						in Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
Purpose of Expenditure (by code)	Description				Event #	<u></u>			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kine)	endite	ure)	O Indepe	endent	0) O р		
		•	SUBTOTA	L Section T =	— This Pa	ge			
		T(OTAL of a	dditional Sect	ion T Pag	(es			
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE	wc	RKERS	AND CONS	ULTAN	TS			
<u> </u>									

Section B ADDITIONAL PAGE 1 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Tiana for Hartford	July 10					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$	\$				
B, Itemized Co	ntributions from Indivi	duals				
Last Name	First			МІ		
Peterkin	Brent					
	City		1	Zip Code 06418		
81 Sentinel Hill Rd	Derby		CI	00410		
Principal Occupation Manager, Government Affairs and Community Relations	Name of Employer Stamford Health					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Secontributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract OYes ONo	e officer of a municipality with said municipality	, Amoui	Amount of Contribution		
and the same of th	state contractor or prospective stat nch or branches	e contractor? Yes OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 4/24/23	\$50				
Last Name	First		<u> </u>	MI		
Walton	Tiffany					
Residential Street Address	City		- 1	Zip Code		
990 Capitol Ave	Hartford		CT	06106		
Principal Occupation Name of Employer						
Grants Program Director CBF						
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?			Amoui \$25	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra		te contractor? Yes No				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 4/28/23	\$25				
Last Name	First			MI		
White	Sarah					
Residential Street Address 167 Beacon St	City Hartford		1	Zip Code 06105		
Principal Occupation	Name of Employer					
Attorney	CT Fair Housing Ce	nter				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No \$25						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches One of government the contract is with: Executive Legislative Contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches One of government the contract is with: Executive Contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: One of						
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order Date Received 5/2/23	Aggregate Contributions \$25				
SUBT	FOTAL Section B — This	Page \$100				
TOTAL	of additional Section B I	Pages \$3088				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3188						

Section B ADDITIONAL PAGE 2 of 13

NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)			TYPE OF REPORT		
Tiana for Hartford			July 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
	B. Itemized Cor	ıtrib	utions from Indivi	duals		
Last Name		-	rst			MI
Wong			Danielle			
Residential Street Address	l l	City			State	Zip Code
88 Jackson Rd		Bloo	mfield		CT	06002
Principal Occupation			Name of Employer			
Mayor			Town of Bloomfield			
or dependent child of a lobbyist? O No do	f contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?			with said municipality	\$25	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		ch or	branches	e contractor? Yes OLegislative		
Method of Contribution:			Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	5/3/23	\$250		
Last Name		Fi	rst	<u> </u>		м
Comer		Α	andrea			-
Residential Street Address	<u> </u>	City		-1 ₂	State	Zip Code
1 Linden Place,Unit 203		Hartf	ford		CT	06106
Principal Occupation			Name of Employer		<u></u>	
Chief of Staff			State of Connecticu	ıt		
or dependent child of a lobbyist? O No do va	contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?	is asso	ciated with have a contract O Yes O No	with said municipality	\$10	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ıch or	branches	te contractor? Yes No Legislative		
Method of Contribution:				Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	5/3/23	\$100		
Last Name		1	rst			MI
Comaduran		R	lio			
Residential Street Address	1	City			State	Zip Code
1 Gillette Court		Sims	bury		CT	06070
Principal Occupation			Name of Employer	***************************************		
Psychotherapist			Refresh Mental			
or dependent child of a lobbyist? ONO do	f contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?				y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative						
Method of Contribution:			Date Received	Aggregate Contributions	\neg	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	5/4/23	\$25		
	SUBT	ΌΤΑ	L Section B — This	Page \$375		
			dditional Section B I			
TOTAL OF ALL	L CONTRIBUTIONS FROM					
IOIAD OF ALI			Jumn A of Summary Page			

Section B ADDITIONAL PAGE ³ of ¹³

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT		
Tiana for Hartford			July 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
	B. Itemized Cor	ıtribı	ıtions from Indivi	duals		
Last Name Farrell		Firs Lit	ndsay			MI
Residential Street Address		City			State	Zip Code
169 Still Rd		West	Hartford		CT	06117
Principal Occupation Political Strategist			Name of Employer Working Families P	arty		
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 to es contributor or business he/she is ued at more than \$5,000?				, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or b	ntractor or prospective stater	e contractor? Yes OLegislative		v
Method of Contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney	Order	Date Received 5/4/23	Aggregate Contributions \$100		
Last Name		Firs			•	МІ
Concepcion			llio 	· · · · · · · · · · · · · · · · · · ·		
Residential Street Address 1212 Main St, Unit 221	3	City Hartfo	ord		State CT	Zip Code 06103
Principal Occupation			Name of Employer			
Executive Director			Hartford Chamber	of Commerce		
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 tes contributor or business he/she is ued at more than \$5,000?				, Ame	ount of Contribution
Is this contribution associated with an event reported in Section LI? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which brar of government the contrac	ich or b	oranches	te contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card	OPayroll Deduction		Date Received 5/5/23	Aggregate Contributions \$50		
Last Name Wolf		Fire Ni	st ick		·	MI
Residential Street Address 493 North Main St		City Suffie	eld		State CT	Zip Code 06078
Principal Occupation Attorney			Name of Employer Attorney Nick Wolf			
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 t es contributor or business he/she i ued at more than \$5,000?				, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order	Date Received 5/6/23	Aggregate Contributions \$13		
	SUBT	ОТА	L Section B — This	Page \$163		
	TOTAL	of ad	lditional Section B I	ages \$3025		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A			

Section B ADDITIONAL PAGE 4 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Tiana for Hartford			July 10			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
	····					
B. Itemized Cor	ntribı	utions from Individ	duals			
Last Name	Fire	tana arawa arawatan barata arawa arawa arawa arawa arawa da arawa arawa arawa arawa arawa arawa arawa arawa ar	and the state of t			MI
Roberts	Ta	isha				
Residential Street Address	City			State	Zip Co	ode
85 Bates St	Hartfo	ord		CT	061	14
Principal Occupation		Name of Employer		·		
Project Manager		Aetna/CVS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amoi \$20	unt of	Contribution
Is this contribution associated with an Yes Is contributor a principal of a s						
event reported in Section L1? No If yes, indicate which bran of government the contract of government the government the contract of government the contract of government the gover			Legislative No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/6/23	\$20			
Last Name	Firs	st			1	Mī
Milward	St	osh				
Residential Street Address	City			State	Zip C	ode -
51 Vine St	Hartfo	ord		CT	061	12
Principal Occupation		Name of Employer			L	
Development Consultant Milward and Associates						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?					unt of	Contribution
Is this contribution associated with an Yes Is contributor a principal of a	state co		e contractor? OYes	\$10		
event reported in Section L1? No If yes, indicate which brain of government the contract of government the government the government the government the government of government the government of government the government the government the government of government the government of government the government of government the government of govern	nch or b	oranches	O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/6/23	\$10			
Last Name	Fire					MI
Montesi	Gı	race				
	City	,		State	Zip C	
150 Kenyon St	Hartfo			CT_	061	U5
Principal Occupation		Name of Employer				
unemployed		unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes on tribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No \$20					Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions \$5/6/23 \$20						
SUBT	гота	L Section B — This	Page \$50			
TOTAL	of ad	lditional Section B F	Pages \$3158			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3188						

Section B ADDITIONAL PAGE 5

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Tiana for Hartford	July 10			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Cor	ntributions from Indivi	duals		MI
Healy	William			
	^{City} Glastonbury		State CT	Zip Code 06033
Principal Occupation Retired	Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Oyes No	t with said municipality	, Amo \$20	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Section L1? No ls contributor a principal of a section L1? If yes, indicate which brar of government the contraction of government the contraction.	t is with: OExecutive	OLegislative No	 	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 5/6/23	Aggregate Contributions \$20		:
Last Name Brown	First Christopher			MI
	^{City} Hartford		State CT	Zip Code 06106
Principal Occupation Bike Mechanic	Name of Employer Center for Latino P	rogress		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	, Amo \$10	uut of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Yes Is contributor a principal of a If yes, indicate which brat of government the contraction.	state contractor or prospective stanch or branches of is with:	tte contractor? Yes No Legislative		
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order Date Received 5/6/23	Aggregate Contributions \$10		
Last Name Tatum	First Steven	ı		MI
Residential Street Address 32 Ashley St	City Hartford		State CT	Zip Code 06105
Principal Occupation Teacher	Name of Employer Hartford Public Sci	hools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amo \$25	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order Date Received 5/6/23 Aggregate Contributions \$25				
SUBT	OTAL Section B — This	Page \$55		
TOTAL	of additional Section B	Pages \$3153		
TOTAL OF ALL CONTRIBUTIONS FROM	1 INDIVIDUALS (Sections 13 Column A of Summary Page			,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

Section B ADDITIONAL PAGE 6 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ory)		TYPE OF REPORT			
Tiana for Hartford			July 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized	Contri	butions from Indivi	duals			
Last Name		First				МІ
Marquez		Stephanie				
Residential Street Address	City			State	, .	Code
27 Ellington St	Har	tford		СТ	061	106
Principal Occupation		Name of Employer				
Administrative Staff		CT Children's				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One does contributor or business he valued at more than \$5,000?				/, A me	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Yes Is contributor a principal of the section L1? If yes, list Event # 050623A	h branch o		⊙ No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Aoney Orde	er 5/6/23	\$15			
Last Name		First				MI
Fredlund		Jason				
Residential Street Address	City	161		State	Zip (
54 New Park Ave	Har	tford		СТ	061	106 ————
Principal Occupation		Name of Employer				
Consultant		Jason Fredlund				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be contribution is in excess of \$\frac{1}{2}\$ does contributor or business he walued at more than \$\frac{1}{2}\$,000?				/, Amo \$25		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 050623A Yes Is contributor a principal If yes, indicate which of government the contributor apprincipal If yes, indicate which of government the contributor apprincipal Is	h branch o		te contractor? Yes No Legislative			
Method of Contribution:		1	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Orde	er 5/6/23	\$25			
Last Name		First				MI
Moynihan		Dennis		1	1	<u>L</u>
Residential Street Address 249 Oxford St	City Har	rtford		State CT	1 .	Code 105
Principal Occupation		Name of Employer			100	
Teacher		East Hartford Publi	c Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$\ does contributor or business he valued at more than \$5,000?				y, Amo \$25	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Aoney Ord	er 5/6/23	\$25			
SI	UBTOT	AL Section B — This	Page \$65			
107	TAL of	additional Section B I	Pages \$3123			
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on L		DIVIDUALS (Sections A column A of Summary Page				

Section B ADDITIONAL PAGE 7 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT			
Tiana for Hartford	July 10				
A. Total Contributions from Small Contributors-Rec. (See instructions for definition of Small Contributor)	\$				
Last Name	Contributions from Indivi	duals	MI		
Wong	Travis				
Residential Street Address 925 West Huron St	Chicago	1	State Zip Code : 1 IL. 60642		
Principal Occupation Software Engineer	Name of Employer Expedia				
	400 to a candidate for a chief executive/she is associated with have a contract OYes ONo		Amount of Contribution \$250		
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 of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which of government the contributor aprincipal of If yes, indicate which is the indicate which is	ntract is with: OExecutive	e contractor? Yes OLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo		Date Received Aggregate Contributions by Order 6/2/23 \$250			
Last Name Bowden-Lewis	First TaShun		MI		
Residential Street Address 2950 Broadbridge Avenue					
Principal Occupation Attorney	Name of Employer State of Connecticu	ut	<u> </u>		
	400 to a candidate for a chief executiv /she is associated with have a contract Yes No		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of If yes, indicate which of government the contributor of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which indicate w	ntract is with: Executive	C Legislative No			
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMC		Aggregate Contributions \$100			
Last Name Cortese	First Elizabeth		MI		
Residential Street Address 54 Midfield Dr	City Waterbury	i	State Zip Code CT 06705		
Principal Occupation Social Worker	Name of Employer DPDS	1			
	400 to a candidate for a chief executive/she is associated with have a contract Yes No		Amount of Contribution \$250		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Security Securit					
Method of Contribution: Cash Personal Check Cedit/Debit Card Payroll Deduction Mo	Date Received 6/3/23	Aggregate Contributions \$250			
SU	BTOTAL Section B — This	Page \$600			
FOT	AL of additional Section B l	Pages \$2588			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	OM INDIVIDUALS (Sections a ine 13, Column A of Summary Page				

Section B ADDITIONAL PAGE 8 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Tiana for Hartford			July 10				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
В. ј	ltemized Con	tribu	itions from Indivi	duals			
Last Name	,	Fire			•••		MI
Lewis			ane ———————			1	
Residential Street Address 69C Congress St	i	Sity Hartfo	ord		State	Zip (
Principal Occupation		- Idi Ci	Name of Employer		01	001	
Case Manager			Building Trades Tra	inina Institute			
	n avage of \$400 to	0.0.000			V	unt of	f Contribution
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate for a chief executive officer does contributor or business he/she is associated with have a contract with sai valued at more than \$5,000? One of the contribution is in excess of \$400 to a candidate for a chief executive officer does contribute of the contribution is in excess of \$400 to a candidate for a chief executive officer does contribute of the contribution is in excess of \$400 to a candidate for a chief executive officer does contribute of the contribution is in excess of \$400 to a candidate for a chief executive officer does contribute of the contribution is in excess of \$400 to a candidate for a chief executive officer does contribute of the contribution is in excess of \$400 to a candidate for a chief executive officer does contribute of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is excessed by the contribution is a chief executive of the contribution is excessed by the contribution of t			with said municipality	\$50	MINE O	Contribution
event reported in Section L1? No If yes, in	r a principal of a st dicate which bran- nment the contract	ch or b		_ No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Ded	uction OMoney	Order	6/3/23	\$50			
Last Name		Fire	et .	<u> </u>			MI
Long		Ga	nnon				
Residential Street Address	1	City			State	Zip (
114 Warrenton Ave	1 Warrenton Ave Hartford CT 06105						105
Principal Occupation Name of Employer							
Chief Program Officer			Operation Fuel				
	r business he/she is		didate for a chief executive inted with have a contract Yes No		y, Amo \$25	unt of	f Contribution
event reported in Section L1?	or a principal of a sendicate which bran	ch or b		te contractor? Yes			
Method of Contribution:	William Contract			Aggregate Contributions	\dashv		
Cash Personal Check Ocredit/Debit Card Payroll Dedu	Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 6/3/23			\$25	1		
Last Name		Fire					MI
Conway		M	att				
Residential Street Address	l l	City)		State	1 -	Code
201 Newgate Rd		East G	Granby		СТ	067	705
Principal Occupation			Name of Employer	Ina			
Executive			The RiseUp Group,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes over the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No \$50					f Contribution		
s this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Ded	uction OMoney	Order	Date Received 6/3/23	Aggregate Contributions \$50			
	SUBT	ОТА	L Section B — This	Page \$125			
TOTAL of additional Section B Pages \$3063							
TOTAL OF ALL CONTRIBU (En			VIDUALS (Sections A mn A of Summary Page				

Section B ADDITIONAL PAGE 9 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Tiana for Hartford	July 10						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$						
B. Itemized Co.	ntributions from Indivi	duals					
Last Name	First			МІ			
Smith-Bolden	Kebra						
Residential Street Address	City		1	Zip Code			
30 Norton Ave	Hamden		CT	06114			
Principal Occupation	Name of Employer CannaHealth						
Nurse							
				int of Contribution			
	s contribution associated with an reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? No No						
Method of Contribution:	Date Received	Aggregate Contributions	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/3/23	\$50					
Last Name	First	<u> </u>		М			
Vernon	Kerron						
Residential Street Address	City			Zip Code			
120 Wallace St	New Britain		CT	06105			
Principal Occupation Name of Employer Owner Heaven							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				int of Contribution			
	state contractor or prospective state	te contractor? OYes	\$50				
event reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contra	nch or branches	O Legislative	l l				
Method of Contribution:	Date Received	Aggregate Contributions	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/3/23	\$50					
Last Name	First			MI			
Boyd	Kevnesha		·				
Residential Street Address 15 Beacon St	^{City} Hamden		State CT	Zip Code 06514			
Principal Occupation	Name of Employer						
Mental Health Therapist	Quality Counseling	ı, LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution of Contribution of the contri							
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive C Legislative							
Method of Contribution:	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/3/23 \$25							
SUBTOTAL Section B — This Page \$125							
TOTAL of additional Section B Pages \$3063							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3188							

Section B ADDITIONAL PAGE 10 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered v	with Filing Repository)			TYPE OF REPORT				
Tiana for Hartford			July 10					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
		d Vird Cov						
The fill the energy of the contract of the proof of the contract of the manufacture of the contract of the con	B. Itemized Con		itions from Indivi	duals				
Last Name Hayford		Fir:	st obert			MI		
Residential Street Address	c	ity	<u></u>		State	Zip Code		
148 Gardner Ave	1	New I	_ondon		CT	06320		
Principal Occupation	. I		Name of Employer					
Serco			Serco					
or dependent child of a lobbyist? O No does contribu	s 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 contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				, Amo	Amount of Contribution \$25		
event reported in Section L1? No If ye	ibutor a principal of a start, indicate which brance, overnment the contract	ch or b	ntractor or prospective statements or anches on the Century of the contract of	CLegislative Syes				
Method of Contribution:	_		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll	Deduction OMoney	Order	6/3/23	\$25				
Last Name		Fire				М		
Reiser	1-		acee			· · · · · · · · · · · · · · · · · · ·		
Residential Street Address 148 Gardner Ave				State CT	Zip Code 06320			
Principal Occupation			Name of Employer		<u> </u>			
Retired								
or dependent child of a lobbyist? • No does contribu								
Is this contribution associated with an event reported in Section L1? Yes Is contribution associated with an event reported in Section L1?	this contribution associated with an vent reported in Section L1? Yes No Very Is contributor a principal of a state contractor or prospective state contractor? Yes Very Is contributor a principal of a state contractor or prospective state contractor? Yes Very No Very Is contributor a principal of a state contractor or prospective state contractor? No Very No V							
Method of Contribution:				Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll	Deduction Money	Order	6/3/23	\$50				
Last Name Zachs	· · · · · · · · · · · · · · · · · · ·	Fin Be	_{st} enjamin			М		
Residential Street Address	T _C	City			State	Zip Code		
346 W 22nd St	i i	New '	York		NY	10011		
Principal Occupation	•		Name of Employer					
VP Business Development			MCM Holdings, LLC					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No \$250								
event reported in Section L1?								
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll	Deduction OMoney	Order	Date Received 6/6/23	Aggregate Contributions \$250				
SUBTOTAL Section B — This Page \$325								
TOTAL of additional Section B Pages \$2863								
TOTAL OF ALL CONTR	UBUTIONS FROM	IND	IVIDUALS (Sections A	A + B) _{\$3188}				
	(Enter total on Line 1.	3, Coli	ımn A of Summary Page	Totals)				

Section B ADDITIONAL PAGE 11 of 13

NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)			TYPE OF REPORT				
Tiana for Hartford			July 10					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$					
	B. Itemized Cor	itribi	itions from Indivi	duals				
Last Name		Fire	st		•		MI	
МсКоу		Br	ian					
Residential Street Address	(City		and the second	State	Zip (ode	
10 Scuppo Rd		Danb	ury		CT	068	311	
Principal Occupation			Name of Employer				······	
Student			Student					
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 t nes contributor or business he/she i alued at more than \$5,000?				/, Amo	Amount of Contribution \$50		
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		ch or b	ranches _	e contractor? Yes No Legislative				
Method of Contribution:	of government the contract	IS WILL	Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	6/13/23	\$50				
Last Name		Firs	at				МІ	
Bialow		- 1	rey					
Residential Street Address		l City			State	Zip C	Code	
262 Woodland Rd					MA	024		
Principal Occupation			Name of Employer					
CEO Bialow Real Estate								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes O No Significant of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No \$100					Contribution			
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches	te contractor? Yes No				
Method of Contribution:			Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction	Order	6/13/23	\$100	:			
Last Name		Fire	st	<u> </u>			MI	
Glissman		Da	aniel					
Residential Street Address	i i	City			State	Zip (
211 Carriage Dr		South	n Windsor		CT	060)74	
Principal Occupation Name of Employer								
Attorney			MacDermid Reynol	lds & Glissman PC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution \$250							f Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? S								
Method of Contribution: Date Received Aggregate Contributions								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/6/23 \$250								
SUBTOTAL Section B — This Page \$400								
	TOTAL	of ad	ditional Section B P	Pages \$2788				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3188								

Section B ADDITIONAL PAGE 12 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Tiana for Hartford	July 10						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$						
	ntributions from Indivi	duals					
Last Name Simpson	First Nathan			MI			
Residential Street Address	City		State 2	Zip Code			
185 Brook St	New Britain		CT	06051			
Principal Occupation	Name of Employer		<u></u>				
Food Service Worker	Morrison, Inc.						
	endent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality						
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423A Section L1? No ls contributor a principal of a lf yes, indicate which bra of government the contra		te contractor? Yes No					
Method of Contribution:	Date Received	Aggregate Contributions	_				
Cash Personal Check OCredit/Debit Card Payroll Deduction OMone	y Order 6/12423	\$10					
Last Name	First	<u> </u>		МІ			
Cotto	Leticia						
Residential Street Address	City			Lip Code			
23 Colebrook St	Hartford		CT (06112			
Principal Occupation	Name of Employer						
Administrator Hartford Public Library							
If contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No \$\int \text{No} \text{No} \text{No} South the properties of a municipality of the properties of the properties of the properties of \$400 to a candidate for a chief executive officer of a municipality of the properties of \$400 to a candidate for a chief executive officer of a municipality of \$400 to a candidate for a chief executive of \$400 to a chief executive of \$400 to a chief executive of							
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062423A Secontributor a principal of a If yes, indicate which brateful of government the contraction.		te contractor? Yes No					
Method of Contribution:	Date Received	Aggregate Contributions	_				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/24/23	\$80					
Last Name	First		- I	МІ			
Waters	William						
Residential Street Address	City			Zip Code			
180 Franklin Ave	Hartford		CT	06114			
Principal Occupation	Name of Employer						
Master Barber	Fadeaway Barber S	hop					
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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution \$75							
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/27/23 \$75							
SUBTOTAL Section B — This Page \$130							
TOTAL of additional Section B Pages \$3058							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3188							

Section B ADDITIONAL PAGE 13 of 13

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Tiana for Hartford			July 10				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Co	ntribu	itions from Indivi	duals				
Last Name	Firs	st			MI		
Wood	Ac	dam					
Residential Street Address	City			State	Zip Code		
260 France St	Rocky			CT	06067		
Principal Occupation Public Affairs		Name of Employer					
		City and State LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief excess of \$400 to a chief excess of \$400 to a chief excess o			e officer of a municipality with said municipality	Amou \$250	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra: of government the contract	inch or b	ranches	contractor? Yes Clegislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	y Order	6/28/23	\$250				
Last Name	Firs	st		<u> </u>	МІ		
Keen	Le	ennox					
	City	ofiold		State	Zip Code		
560 Bloomfield Ave	Bloom			CT	06002		
Principal Occupation Name of Employer Land surveying Freeman Companies							
		·		1.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou \$250	ent of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	anch or b	oranches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/24/23	\$250				
Last Name	Firs	St	· · · · · · · · · · · · · · · · · · ·		MI		
D. 11 (10) (11)	la:						
Residential Street Address	City			State	Zip Code		
Principal Occupation	<u></u>	Name of Employer					
			-	,			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	int of Contribution		
this contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: Date Received Aggregate Contributions							
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney Order							
SUBT	ГОТАІ	L Section B — This	Page \$500				
TOTAL of additional Section B Pages \$2688							
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page 1					