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 11						
1. NAME OF COMMITTEE			SV (BLS)							
Tiana for Hartford										
2. TREASURER NAME										
First		MI		Last			-		Suffix	ı
Camryn				Kessler						
3. TREASURER ADDRESS										
Street Address			City				State Zip Code			
73 Imlay St		1	Har	tford			СТ	106	6105	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comples	te only	if Candida	le Committee)			6. DIS	STRICT	NUMBER
(mm/dd/yyyy) 11/07/2023	City Council	City Council						(if opplice	able)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						7/20165		
First		MI		Last				<u> </u>	Suffix	•
Tiana	1			Hercul	ies ·					
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	O7th day preced	O7th day preceding primary O7th day preceding referendum					nitial Cont PACs ONLY)		or Disb	ursement
O April 10 filing	O30 days follow	ving primar	у	O 45	days following referendun	m1 _	Amendmen			
OJuly 10 filing	O7th day preced	ding election	n	O De	ficit	Т	ype of Rep	ort:		
October 10 filing	12th day prece			○ Termination		-		<u> </u>	<u>C</u>	r.→r ² ;
O 24 Hour Independent Expenditure OPnimary OElection	O45 days follow	wing election	-						500 500 500	
9. PERIOD COVERED								His A	0	
¹⁹⁶ े, दिन्तिकार राज्यक्षात्राक्षके शास्त्रकात्राक्षकात्राक्षक्षकात्राक्षकात्राक्षकात्राक्षकात्राक्षकात्राक्षका		to figure a separate transfer one	Ashamater.	SANCTENA OLOM	e de la companya de la la constitució de se como de la c	Selection of the select	<u>1980 aa soo taa soo taa a</u>	Allegania.	***************************************	Andreas Section 1990
	Beginning Da	.te			Ending Date		€ *	100	graph the	79 71
	January 23, 2023	}		thru	March 31, 2023		18. 0.0°	and he	رن	<u></u>
								J. Sand C.	••	
10. CERTIFICATION										
I hereby certify and state, under positive Statement for the perturbation of the pertu	eriod covered is t	true, accur	rate	and con		on this Iter	nized Can	19/	Finance	1 03
						4.1				
A person who is					iolated any provisions o imprisonment or both	of the camp	paign fina	nce sto	atutes	

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	
Tiana for Hartford	April 10 filing	
	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		Average and the second of the
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	2,060.00	2,060.00
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)	2,060.00	2,060.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2,060.00	2,060.00
19. Expenses Paid by Committee (Section P)	186.20	186.20
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,873.80	1,873.80
21. In-Kind Donations not Considered Contributions Received (Section L4)	266.66	266.66
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Tiana for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
			- "			
B. Itemized Co	ontrib	outions from Indivi	duals			
Last Name	Fi	irst			MI	
Thomas	Α	Alex				
Residential Street Address	City			State	Zip Code	
253 Freeman St	Harti	ford		СТ	06106	
Principal Occupation		Name of Employer				
Pastor		South Church				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Spouse No Ves Valued at more than \$5,000?			y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	01/27/23	\$50			
Last Name	Fi	irst			MI	
Michtom])	osh				
Residential Street Address	City			State	Zip Code	
135 Madison Ave	Hartí	ford		СТ	06106	
Principal Occupation		Name of Employer		L		
Lawyer		Office of the Chief F	ublic Defender, CT		İ	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				\$50		
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Section L1? If yes, lindicate which bright of government the contribution associated with an event reported in Section L1?	anch or	branches	e contractor? Yes No Legislative		į	
Method of Contribution:		Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	01/27/23	\$50			
Last Name	Fi	irst			MI	
Byrne	E	rica				
Residential Street Address	City		<u></u>	State	Zip Code	
28 Park Ave	Wind	dsor		СТ	06095	
Principal Occupation	<u> </u>	Name of Employer		L		
Nonprofit consultant		ERB Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Method of Contribution:		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	02/03/23	\$5			
SUB	тота	L Section B — This	Page \$105	<u></u>		
TOTA	L of a	dditional Section B P	ages \$1955			
			man A service A			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page :				

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COM	MITTEE (Provide Comp	lete Name as Registered	with Filing Repos	itory)		TYPE OF I	EPORT		
Tiana for Hartfe	ord					April 10 f	ling		
		C1. (Contributio	ns from	Other Co	mmittees			
Name of Committee		200 miles (100 miles (man and the second seco	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of		Seminary of the Proposition of the		and the management
ļ.									
						·			<u> </u>
Address				Is this c	ontribution ass	ociated with an Oyes ()No	Amount of	Contribution
				event re	ported in Section	on L1? es, list Event#			
City		State	Zip Code	Date	Received	Aggregate Contributi	ons		
							ľ		
Į		ļ					ļ		
Name of Committee					Name of	Treasurer			
Address									
Address				Is this c	ontribution assu ported in Sectio	ociated with an Yes (Oνο (Amount of	Contribution
]				Cyclin	If y	res, list Event #			
City		State	Zip Code	Date	Received	Aggregate Contributi	ons		
}									
ļ <u>.</u>									
Name of Committee					Name of	Treasurer	_	_	
Address				In this o	ontribution occ	ociated with an Yes	NI-	Amount of	Contribution
				event re	ported in Section	on L1?	٠ ١٩٥	· · · · · · · · · · · · · · · · · · ·	Contribution
					If)	es, list Event #			
City		State	Zip Code	Date	Received	Aggregate Contributi	ons		
i		İ							
	1 marina 1 may 100 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1		Commence of the Control of the Contr	,			Commence (Construction)	**************************************	
1000 10	C2	Reimbursemen	ts or Surpl	us Distr		om other Commi	tees		and the second s
Name of Committee					Name of	Treasurer			
<u> </u>									
Address				Cit				State	Zip Code
Į.				'	,		,	1	
									<u> </u>
Date Received	Expenditure # (if applicable)	Payment Type						Amount	of Receipt
ļ		OReimbursen	nent for shared o	expense	OSurplus Dist	ribution			
Description									
_									
Name of Committee				· · ·	Name of	Creacuret			
The state of Continues					Traine or	· rousing:			
Address				City	y			State	Zip Code
Date Received	Expenditure #	Payment Type						ــــــــــــــــــــــــــــــــــــــ	
Date Received	(if applicable)	_			.			Amount	of Receipt
		CReimburs	ement for share	d expense	O Surplus D	istribution			
Description						"			
	100 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1		A STATE OF THE STA		2,114.11				
And the second s			SUBTC	TAL Se	ction C — [This Page			
			TOTAL	of additi	onal Section	C Pages			
		FALL COMMIT							
A	(Sectio	ns C1 + C2) (Enter	total on Line 14	, Column	4 of Summary	Page Totals)	·		

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository	/)		100010000000000000000000000000000000000	TYPE O	REPORT	
Tiana for Hartford					April 10	filing	
	D. Loans R	eceive	d this Period				
Name of Lender			Source of Loan; Bank Ca	the section of the section of	Individu	al Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				······································	•		Amount Received
Street Address	City		11112-007-00		State	Zip Code	
Name of Lender			Source of Loan: Bank Ca	ndidate 🔿	Individu		Date of Receipt
Street Address	City	<u></u>			State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				I			Amount Received
Street Address	City				State	Zîp Code	
Name of Lender			Source of Loan: OBank Can	ndidate 🔘	Individua	d Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
		or Armony Property of the Control of	TOTAL SECT	TION D	The second secon		
E. Receipts from Entities other th	an Individ	uals o	r Other Com	ımittees	(Referei	idum Committe	es ONLY)
Name of Entity							
Street Address				Date R	eceived		Amount Received
City	Sta	ate	Zip Code	Aggre	gate Contri	outions	
Name of Entity				i			
Street Address		······································		Date R	eceived		Amount Received
City	Sta	nte	Zip Code	Aggre	gate Contril	outions	
Name of Entity	<u> </u>			<u> </u>			
Street Address				Date R	eceived		Amount Received
City	Sta	ate	Zip Code	Aggre	gate Contril	outions	
			LOTAL SECT	TION E	The second secon		

I. MONETARY RECEIPTS (Sections A-K)

	EE (Provide Complete Name as Registe	red with Filing Repository)		PE OF REPORT
iana for Hartford				oril 10 filing
And the second s	F. Amount Transferred	from Affiliated Busines	s Treasury (Business E	ntity Committees ONLY)
Date of Receipt	Is this transaction associate event reported in Section		list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section		list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section		list Event #	Amount
Date of Receipt	Is this transaction associa event reported in Section	, 00 , 00 , 00	list Event #	Amount
			POTAL SECTION F	
		ed Labor Union or Oth		asury (Organization Committees ONLY)
Pate of Receipt		of Receipt		
	Amount	Amount		Amount
		4P/	OTAL SECTION G	
	H. Personal Funds of (the Candidate Received	this Period (Candidat	e Committees ONLY)
ate of Receipt	Method of payment:	ere en en en en en en en en en en en en en		Amount
	O Cash	Personal Check	Credit/Debit Card	
ate of Receipt	Method of payment:	<u> </u>		Amount
	O Cash	O Personal Check	Credit/Debit Card	
ate of Receipt	Method of payment:			Amount
	O Cash	O Personal Check	Credit/Debit Card	
ate of Receipt	Method of payment:			Amount
	O Cash	O Personal Check	Credit/Debit Card	
			TOTAL SECTION H	
		I. Anonymous Con	tributions	
an	Per Public Act 11-48, nount. If a committee rimmediately remit the		contribution, the ca te Elections Enforce	mpaign treasurer shall

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	TYPE	F REPORT			
Tiana for Hartford		April 1	pril 10 filing			
J. Interest fr	om Deposits in Authorized Accoun	ıts				
Name of Institution		Date Rec	ceived	Amount		
Street Address	City	State	Zip Code			
Name of Institution		Date Rec	reived	Amount		
Street Address	City	State	Zip Code			
	TOTAL SECTIO	ŊJ				
K. Miscellaneous Mo	netary Receipts not Considered Co	ntribu	tions			
Name		Da	te of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description						
Name .		Da	te of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description						
Name		Da	te of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description						
Name		Da	te of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description						
	TOTAL SECTION K	1 (2000) 1 (2000)				
SUMMARY OF OTHER Total Loans Received this Period (Section D)	MONETARY RECEIPTS (Section	ns D th	rough K)			
	G 11 (0 11 T)					
Total Receipts from Entities other than Individuals or Oth Total Amount Transferred from Affiliated Business Treas		+				
Total Amount Transferred from Affiliated Labor Union o		;) +				
Total Amount of Personal Funds of the Candidate Receive		+				
Total Amount of Interest from Deposits in Authorized Acc	+					
Total Miscellancous Monetary Receipts not Considered C	ontributions (Section K)	+		<u> </u>		
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	OF REPORT						
Tiana for Hartford		April 10 filing						
L1, Even	t Information							
Event # Description Date of Event Letter			Was this a fur	ndraising event?				
03/23/23 A Happy Hour Fundraiser			Yes	O _{No}				
Location: Street Address	City		State	Zip Code				
1283 Main St	Hartford		СТ	06103				
Subpart 1: (All Committees)								
Was this event hosted at a personal residence?	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 include goods or services donated by a business entity	Yes (If yes, go to Section L	In-Kind Donations n	ot Considered (Cantributions				
of up to \$200 or items donated by an individual of up to \$100?	and complete required		or Considered	Contilibutions				
	O No	<u></u>						
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, onter Total Reco	eipts here.)	0					
with parchases from an individual of up to \$100?	⊙ No		\$					
Subpart 2: (Party Committees, Municipal Candidates and Political Com-	mittees other than Exploratory							
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	OYes (If yes, go to Section L.		~ .	Program Book				
sign associated with this fundiaiser?	or on a Sign and comp	neie reduirea miorina	uon.)					
Subpart 3: (Town Committees ONLY)	· · · · · · · · · · · · · · · · · · ·							
Did your committee sell food or beverage at a fair or similar mass	Yes (If yes, enter Total Rec	eipts here.)	\$					
gathering held within the state with this fundraiser?	ONo							
Event # Description			W. 41 C					
Date of Event Letter			Was this a fui	ndraising event? ONo				
Location: Street Address	City		State	Zip Code				
Subpart 1: (All Committees)			L					
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5	In-Kind Donations n	ot Considered (Contributions				
	Associated with a Hou			mation for any				
	purchases made by hose No	(s) for food, beverage a	me mvitanens.)					
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L	4 In-Kind Donations of	ot Considered	Contributions				
of up to \$200 or items donated by an individual of up to \$100?	and complete required	information.)						
Was this fundation a too sale quation or other sale of desired it.	O No	oloda b \						
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, onter Total Rec	enpus nere.)	\$					
	Ø №		<u> </u>					
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a	nittees other than Exploratory Yes (If yes, go to Section L.		sing Cases in -	Duoguone Da-1				
sign associated with this fundraiser?	or on a Sign and comp			riogram Book				
	O _{No}							
Subpart 3: (Town Committees ONLY)	₽ ₩ /xa =							
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, onter Total Reco	enpts here.)	\$	1				
6	O No							
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		<u>-</u> .				
	ion L1—Subpart 3 <i>(Town Commit</i> ipts from Food Purchases — '							
	TOTAL of additional Section	L1 Pages						
TOTAL OF ALL RECE	IPTS FROM SMALL PUI	RCHASES Page Totals)		-				

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Tiana for Hartford April 10 filing L3. Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Name of Purchaser Business Entity Other O Individual/Sole Proprietorship Street Address Zip Code City Aggregate Purchases for All Events Date Received Event # **Amount of Program Ad Purchase** Amount of Sign Purchase Purchase Made By: Name of Purchaser OBusiness Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Purchase Made By: Name of Purchaser OBusiness Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity Other O Individual/Sole Proprietorship City Zip Code Street Address State Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Purchase Made By: Name of Purchaser Business Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Amount of Sign Purchase Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM 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 Register	ed with Filing Repository)		1	TYPE OF REPORT	[
Tiana for Hartford					April 10 filing				
	L4. In-K	ind Donations N	ot Consider	red Contribi	ıtions				
Name of Donor									
Josh Michtom								· ·	
Street Address			City				State	Zip Code	
135 Madison Ave			Hartford				СТ	06106	
Donation Given By:	Description of Donation					Fair Market Value of Don			
O Business Entity	empanadas, soda, cups, w	,		_		\$100.00			
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value f	or this Event	nis Event			
O cone Trophetoromp	03/23/2023	032323A		\$100					
Name of Donor									
Joe Ploof									
Street Address			City				State	Zip Code	
220 Oxford St			Hartford				СТ	06105	
Donation Given By:	Description of Donation					Fair N	Aarket Valu	ue of Donation	
OBusiness Entity							56		
● Individual● Sole Proprietorship	Die Records				or this Event				
OSole Proprietorship 03/23/2023 032323A \$66.66									
Name of Donor									
Semilla Cafe + Studio) 								
Street Address			City				State	Zip Code	
1283 Main St			Hartford				CT	06103	
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation	
Business Entity Individual	space rental			\$100					
O Sole Proprietorship	Date Received 03/23/2023	Event # 032323A	Aggregate Value for this Event \$100						
O Boto Trophotosinp	03/23/2023	032323A		\$100			•••		
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation					Fair N	Aarket Valı	ue of Donation	
O Business Entity O Individual									
O Sole Proprietorship	Date Received	Event #		Aggregate value fo	r this Event				
								·	
		SUBTO	TAL Section	L4— This Pag	\$266.66				
The second secon					Constitution of the Consti				
		TOTAL	of additional (Section L4 Pag	es			,	
тот	AL OF ALL IN-KIND DONA								
The state of the s	(Enter	total on Line 21, Coli	mn A of Sumn	nary Page Tota	ls) 7200.00		·		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Repos	itory)	ekokoere Argidilik kero	TYPE OF REI	PORT	
Tiana for Hartford				April 10 filir	ng	
L5. I	n-Kind Donations Not Consider	ed Contributions Assoc	iated with a F	Iouse Part	y	
Name of Host			committee?	upporting mo Yes O No mplete Itemiza)	e candidate or endum 1.5
Street Address		City	· '		State	Zip Code
Description of Donation				Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	is host/candidate			
Name of Host			committee?		o	e candidate or endum L5
Street Address		City			State	Zip Code
Description of Donation		*		Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—the	is host/candidate			
Name of Host			committee?	upporting mo OYes ONe mplete Itemiza	0	e candidate or
Street Address		City	•		State	Zip Code
Description of Donation				Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate			
Name of Host			committee?	Supporting mo OYes ONe mplete Itemiza	0	e candidate or endum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate			
		SUBTOTAL Section L5 -	This Page			
		OTAL of additional Secti				
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on I	T CONSIDERED CONT ine 22, Column A of Summa	Early Control Control Control Control Control			

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete Tiana for Hartford	Name as Re	gistered with	Filing Repositor	y)			TYPE O				
		The second secon	M. In-K	ind Con	tri	butions					
Name			amelikanta Projektor otaren arang	in the angle in the second of the second of the second of the second of the second of the second of the second	******	d raine e reigne trade reigne ja die geste met met					
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Type of contributor: Committee	Date Recei	ived	Aggregate Con	tributions		Description of In-Kind	Contribution	1			
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does con		business he/she		cd v	for a chief executive ovith have a contract w Yes No					Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No										
Name									1		
Street Address					City					State	Zip Code
outer Address					City	,				Junio	Zip Cout
Type of contributor: Committee	Date Recei	ived	Aggregate Con	tributions	<u> </u>	Description of In-Kind	Contribution			<u> </u>	<u> </u>
OIndividual / Sole Proprietorship OOther			<u></u>			,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh		ited	e for a chief executive with have a contract v Yes No					Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Ycs No	If yes,	tor a principal indicate which rament the con	branch or	bra	actor or prospective st nehes Executive	_		8Yes No		
Name			· · · · · · · · · · · · · · · · · · ·				<u> </u>		<u>i</u>		
Charat Addings					C:					State	Zip Code
Street Address					City	,				State	Zip Cod¢
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ived	Aggregate Con	tributions	I	Description of In-Kind	Contribution	ı			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh		ited	c for a chief executive with have a contract v Yes No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1?		Is contribu	tor a principal indicate which	branch or	ontr bra	actor or prospective st			8Ycs No		
If yes, list Event#	angles of the second of the se	or gove	mment the con		>	O Executive		inve			-
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						nal Section M Pag	200000000000000000000000000000000000000				
TOTAL OF ALL IN-KIND CON	TRIBU	rions a	inter total on L	ine 23, Colu	nın	A of Summary Page T	otals)				
	N	Refun	dable Dep	osit to T	ele	phone Compai	W.			The second section of the second section of the second section of the second section of the second section of the second section section section section section section section section section section section section sec	
Last Name of Individual				First					MI	Date Deposi	it Made
Residential Street Address			City	,			State	Zip C	ode		Amount of Deposit
Name of Telephone Company							J	L .			
0			Lav				Centa	1 9:- 0	ada.		
Street Address			City				State	Zip C	oae		
TOTAL S	ECTION	l N (Enter	total on Line 2	24, Column	Αc	of Summary Page Tot	als)	1			

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

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Tiana for Hartford			740000000	April 10 filing	esa da desara da	
180 (50 15) 185 (60 52 (1)	P. Expenses	Paid by Committee	е	T		
Name of Payee Joel Cintron				Date of Payment 02/17/23	Method of Payment: Check #0092	
		Lois		1	O Debit	
Street Address		City Hartford			State	Zip Code
Purpose of Expenditure (by code) MISC	Description		Event	#		Amount
IVIISC	Photoshoot + head shot			•	\$100.0	10
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) 🔘 Indepe	ndent	ed) OA OB OC O D		
Name of Payee				Date of Payment	Method of	-
Anedot				var	O Check	
Street Address	100 100 100 100 100 100 100 100 100 100	City		<u> </u>	O Debit State	Card OEFT Zip Code
1340 Poydras Stre	eet, Suite 1770	New Orleans			LA	70112
Purpose of Expenditure	Description	•	Event	#		Amount
(by code) WEB		\$86.20				
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) Indepen	ndent)A OB OC OD	1 700.20	
Name of Payee		Organiz	.arion 2	Date of Payment	Method of	Payment:
					O Check	
Street Address		City			O Debit State	Card OEFT Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
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	TOTAL OF ALL EXPE	ENSES PAID BY CO				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Tiana for Hartford			TYPE OF REPORT April 10 filing				
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Name of Days (Name of	1117 11 11 11 11 11 11 11 11 11 11 11 11	Expenses Paid by	Candidate	Date of Payment	T		
Name of Payee (Name of)	Vendor, Person or Entity who candidate paid directly)			Date of Fayment		bursement claimed?	
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Street Address		City			State	Zíp Code	
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Purpose of Expenditure (by code)	Description		Event	#		Amount	
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						Yes 🔘 No	
Street Address		City					
Succi Addiess		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reim	bursement claimed?	
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Street Address		City			State	Zip Code	
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Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	ls reim	bursement claimed?	
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Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
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						Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
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	EE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT		
Tiana for Hartford		rearios de averamento en esta de la compansión de la comp	April 10 filing	News services as a service	
		ed on Committee Cre	dit Card		
Name of Issuing Insti	tution	Type of Credit Card:			O orl
		O Visa O Master C	ard ODiscover OAmer	ican Expres	s Other:
Name of Vendor, Person	or Entity			Date of	Fransaction
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Street Address		City		State	Zip Code
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Name of Vendor, Person	or Entity			Date of	Transaction
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	то	TAL of additional Section	R Pages		
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lit	COMMITTEE CRED ne 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPOR	T	
Tiana for Hartford					
	S. Expenses Incurred b	y Committee but No	t Paid During this Period		
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S None of the below Coordinated with reimbursement sought (in Coordinated without reimbursement sought)	oint expenditure)	e below" is checked) Independent Organization: A B C	Op	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred istimate or Actual)
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Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
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		TOTAL of additi	onal Section S Pages		
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	Previously repo	rted Expenses Unpaid an	d still Outstanding		
	TOTAL OF ALL EXPENSES INC (Enter to	CURRED BY COMMITT otal on Line 28a, Column A o	SINGSON PROGRAMMANASON PARTO PROGRAM		

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Tiana for Hartford		e use segge		rauge gegeke	Company of		oril 10 filing					
	T. Itemization of Reim	bur	sements	and Se	cond	iary Pa	yees					
Last Name of Worker/Cons	sultant	Firs	it					N	11		of Payment on or Entity	to Vendor,
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant							d in S	ection P:			Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City				1			State	Zip C	ode
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Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City							State	Zip C	ode
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Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant						reporte		ection P			Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City							State	Zip C	ode
Purpose of Expenditure (by code)	Description		**********			Event#					Amou	nt
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	wo	RKERS A	AND CO	ONSI	ULTAN	TS				-	

SEEC FORM 20 Revised January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Tiana for Hartford			April 10 filing						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$						
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Last Name		D. Reimzea Coi		Ductons from Analys First	uuais		A TOTAL CONTROL OF THE STREET	мі	
Bermudez			- 1	Wildaliz					
Residential Street Address			City			State	Zip (Code	
121 Lexington Ave			Nev	w Haven		СТ	065	513	
Principal Occupation		,		Name of Employer		,			
Fair Rent Commission Director				City of New Haven					
Is contributor a lobbyist, spouse, or dependent child of a tobbyist?	doe	ontribution is in excess of \$400 to scontributor or business he/she ued at more than \$5,000?					Amount 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	ich o	r branches	e contractor? Yes OLegislative				
Method of Contribution:				Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit	Card (Payroll Deduction OMoney	Ordo	er 02/08/23	\$100				
Last Name				First	•			MI	
Morton				Ronald					
Residential Street Address			City			State	Zip (
7704 S Quay Rd			Suff	folk		VA	234	437	
Principal Occupation				Name of Employer					
C00				Lockgreen Consult	ing				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	doc	ontribution is in excess of \$400 to s contributor or business he/she and at more than \$5,000?				y, Am \$25		f Contribution	
	Yes No	Is contributor a principal of a surface which brain of government the contract	nch c	or branches	te contractor? SYes No Legislative				
Method of Contribution:		-		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit	ard	Payroll Deduction Money	Orde	er 02/09/23	\$25				
Last Name				First	•	•		МІ	
Austin				Seanice					
Residential Street Address 1132 Ocean Ave			City Nev	w London		State	Zip 0	Code 320	
Principal Occupation				Name of Employer			100.		
Financial Guide				Neptune Park Fina	ncials				
Is contributor a lobbyist, spouse, Yes	Ifc	ontribution is in excess of \$400	10.9.0	1		u Am	ount o	f Contribution	
or dependent child of a lobbyist?	doc	s contributor or business he/she and at more than \$5,000?				\$50		i Contribution	
	s contribution associated with an reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches								
Method of Contribution:				Date Received	Aggregate Contributions	1			
Cash Personal Check Credit/Debit	Card (Payroll Deduction OMoney	Orde	er 02/13/23	\$50				
		SUBT	тот	AL Section B — This	Page \$175				
	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	TOTAL	, of	additional Section B I	Pages \$1885				
TOTAL OF	ALL	CONTRIBUTIONS FROM	1 IN	DIVIDUALS (Sections 2	A + B) \$2060				
		(Enter total on Line)	13, C	olumn A of Summary Page	101015)				

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NAME OF COMMITTEE (Provide Complete Nan	ne as Registered with Filing Repository)			TYPE OF REPORT			
Tiana for Hartford			April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
	B. Itemized Co.	ntrib	outions from Indivi	duals			
Last Name			irst				MI
McCudden		Т	om				
Residential Street Address		City			State	Zip	Code
1 Linden Place		Hartí	ford		СТ	06	106
Principal Occupation		<u> </u>	Name of Employer				
Attorney			Federal Defenders	of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, A		of Contribution
	Yes Is contributor a principal of a significant of government the contract of government of government the contract of government of	nch or	branches	e contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	03/14/23	\$50			
Last Name		Fi	rst				MI
Balfour		Α	laron				
Residential Street Address		City			State	Zip	Code
399 Windsor Ave		Winc	dsor		רד	06	095
Principal Occupation		<u></u>	Name of Employer				
Pharmacist			Curaleaf				
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?					mount o	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 contra	nch or	branches	te contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	03/14/23	\$100			
Last Name		Fi	irst				MI
Davis		٨	∕lia				
Residential Street Address		City			State	Zip	Code
187 Willets Ave		New	London		СТ	06	320
Principal Occupation		·	Name of Employer			. <u></u>	
Direct Care Staff	•		Department of Beh	avioral Health and i	Devel	opme	nt Services
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, A		of Contribution
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: Oregonal Security Classical							
Method of Contribution: Date Received Aggregate Contributions							
Cash Personal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	/ Orđer	03/15/23	\$15			
	SUBT	гота	AL Section B — This	Page \$165			
	TOTAL	Lofa	dditional Section B I	Pages \$1895			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A				
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SEEC FORM 20 Revised January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Tiana for Hartford	April 10 filing							
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$							
B. Itemized Co	ntributions from Indivi	duals						
Last Name	First			MI				
Elliott	Joshua							
Residential Street Address	City			Zip Code				
59 MacArthur Dr	Hamden		СТ	06437				
Principal Occupation	Name of Employer							
Owner	Thyme and Season	l						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract OYes ONo	with said municipality	\$ Amou	Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.		e contractor? Yes No Legislative						
Method of Contribution:	Date Received	Aggregate Contributions	7					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoncy	Order 03/18/23	\$50						
Last Name	First	•		Mi				
Teeling	Nick							
Residential Street Address	City		State	Zip Code				
224 Torringford St	Winsted		СТ	06098				
Principal Occupation Name of Employer								
Local Strategies Deputy Director CT Voice for Children								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$ Amou	Amount of Contribution \$50				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a If yes, indicate which brateful of government the contract of government the government the government the government the government of government the government of government the government of government the government of government the government of government the government of government the government of government of government the government of governmen	state contractor or prospective state that or branches of is with:	te contractor? Yes No Legislative						
Method of Contribution:	Date Received	Aggregate Contributions	7					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/22/23	\$50						
Last Name	First			MI				
Bean	Emanuel							
•	City		1 1	Zip Code				
1127 Usener St	Houston		TX	77009				
Principal Occupation	Name of Employer							
Poet Laureate of Houston, TX	Outspoken Bean							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No			/, Amou \$50	nt of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative								
Method of Contribution:	Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 03/23/23	\$50						
SUB	TOTAL Section B — This	Page \$150						
ТОТА	L of additional Section B	Pages \$1910						
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page		-					
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SEEC FORM 20 Resided Financiary 2015

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT		
Tiana for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
	B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name		Fir	st			MI
Colon		Sł	nannia			
Residential Street Address	,	City			State	Zip Code
99 Main St		Hartfe	ord		СТ	06106
Principal Occupation			Name of Employer			
Retail Operations Manager			CCMC			
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?				y, Am e	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 032323A	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or b	oranches	_ O №		
Method of Contribution:	-		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	03/23/23	\$50		
Last Name		Fir	st	1		MI
Francois		N	athalie			
Residential Street Address		City			State	Zip Code
424 Park Rd		West	Hartford		СТ	06119
Principal Occupation	······································		Name of Employer		•	
Mental Health Counselor			State of CT			
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 to contributor or business he/she acd at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032323A	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or l	branches _	te contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	03/23/23	\$20		
Last Name		Fir				Mi
Vita			uliana			
Residential Street Address		City			State	Zip Code
24 Knollwood Rd		West	Hartford		СТ	06110
Principal Occupation			Name of Employer			
Assistant Professor			University of Hartfo	ord		
or dependent child of a lobbyist? No doc	contribution is in excess of \$400 cs contributor or business he/she fued at more than \$5,000?				y, Am o	ount of Contribution
Is this contribution associated with an cuch reported in Section L1? If yes, list Event # 032323A Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Description of the contract of the c						
Method of Contribution:			Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	03/23/23	\$50		
	SUBT	ГОТА	L Section B — This	Page \$120		
	TOTAI	of ac	Iditional Section B I	ages \$1940		
TOTAL OF ALL	CONTRIBUTIONS FROM	to a still a processor, it as produce as a still a still to a second to a		Carrier and Carrie		
			umn A of Summary Page			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Tiana for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fi	irst			Ml	
Keller	S	itefan				
Residential Street Address	City			State	Zip Code	
32 Ashley St	Harti	ford		СТ	06105	
Principal Occupation		Name of Employer				
Non-profit Employee		Make the Road CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				1	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032323A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches	_ O No			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order		\$50			
Last Name	Fi	irst	<u>.</u>		MI	
Simpson		lathan				
Residential Street Address	City			State	Zip Code	
185 Brook St	New	Britain		СT	06051	
Principal Occupation	J	Name of Employer		L	<u> </u>	
Data Manager		AAUP				
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? Yes No \$5				ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032323A Section L1? No list Event # 032323A Is contributor a principal of a lif yes, indicate which brace of government the contributor apprincipal of a lif yes, indicate which brace of government the contributor apprincipal of a lif yes, indicate which brace of government the contribution associated with an event reported in Section L1?	anch or	branches	te contractor? Yes			
Method of Contribution:	act 15 W	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	1	\$5			
Last Name		irst			MI	
Napear	E	mily	•			
Residential Street Address	City			State	Zip Code	
370 Asylum St	Hart	ford		CT	06103	
Principal Occupation Name of Employer						
Teacher East Hartford Public Schools						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes No Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No \$10				ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032323A Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Yes Is contributor or prospective state contractor? OYes						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/23/23	\$10			
SUBTOTAL Section B — This Page \$65						
TOTAL of additional Section B Pages \$1995						
TOTAL OF ALL CONTRIBUTIONS FRO	M INI	DIVIDUALS (Sections .	A+B) c2060			
(Enter total on Line	2 13, Co.	lumn A of Summary Page	Totáls)			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Tiana for Hartford	April 10 filing				
A. Total Contributions from Small Contributors-Receivise (See Instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	****		
Last Name	entributions from Indivi	duals			
Diaz	Jason		MI		
Residential Street Address 203 Fairfield Ave	City Hartford		State Zip Code CT 06114		
Principal Occupation Firefighter	Name of Employer City of Hartford				
	to a candidate for a chief executive is associated with have a contract		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 032323A Yes Is contributor a principal of a If yes, indicate which bra of government the contra		Contractor? Yes No			
Method of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	y Order Date Received 03/23/23	Aggregate Contributions \$100			
Last Name	First		MI		
Cotto	Leticia				
Residential Street Address 23 Colebrook St	City Hartford		State Zip Code CT 06112		
Principal Occupation	Name of Employer				
Administrator	Hartford Public Lib	ary			
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 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 \$300					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a If yes, indicate which brace of government the contral of government the government the contral of government the governmen		e contractor? Ycs No			
Method of Contribution: Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 03/24/23	\$30			
Last Name Little	First Peter		MI		
Residential Street Address 42 Kenmore Rd	City Bloomfield		State Zip Code CT 06002		
Principal Occupation Name of Employer Consultant self-employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Secontribution associated with an event reported in Section L1? If yes, list Event # Secontribution a principal of a figure which bra of government the contra		e contractor? OYes ONo Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 03/26/23	\$125	:		
SUBTOTAL Section B — This Page \$255					
TOTAL of additional Section B Pages \$1805					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Tiana for Hartford			April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
·						
B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name	F	irst				MI
Jurvetson	ŀ	Karla				
Residential Street Address	City		·	State	Zip	Code
350 Second St	Los /	Altos		CA	94	1022
Principal Occupation		Name of Employer				
Physician		self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Spouse No Ves No Spouse No Spouse No Ves N	to a ca	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality	y, An		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	nch or	branches _	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/23/23	\$250			
Last Name	Fi	rst	· · · · · · · · · · · · · · · · · · ·			MI
Taylor	K	Karen				
Residential Street Address	City			State	Zip	Code
117 Sigourney St	Hart	ford		СТ	06	5105
Principal Occupation		Name of Employer		<u> </u>		
Director of Equity & Opportunity		City of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes on 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 \$25					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 brateful of government the contraction.	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	03/28/23	\$25		ij.	
Last Name	F	irst				MI
Edwards	K	Chari				
Residential Street Address	City			State	Zip	Code
1288 Carroll St	Broo	klyn		NY	11	1213
Principal Occupation Name of Employer						
Head of CSR Ayr Wellness						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, An		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, 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: Security S						
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Dcbit Card OPayroll Deduction OMone	y Order	03/29/23	\$250			
SUBTOTAL Section B This Page \$525						
TOTAL of additional Section B Pages \$1535						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$2060						
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	- 12#27#2#1 <u>;11</u>		TYPE OF REPORT	\$50,000 CHI		
Tiana for Hartford		April 10 filing				
A. Total Contributions from Small Contributors-Recei- (See instructions for definition of Small Contributor)	Control of the Contro	is Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ontrib	utions from Indivi	duals			
Last Name	Fi				MI	
Lazarus	Li	isa				
Residential Street Address	City			State	Zip Code	
194 Mohegan Dr	West	Hartford		CT	06117	
Principal Occupation		Name of Employer				
Realtor		Lisa Lazarus LLC				
Is contributor a tobbyist, 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?	0 to a can e is assoc	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality	y, Amo	ount 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 contra	anch or b	branches	OLegislative			
Method of Contribution;		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/29/23	\$100			
Last Name	Fir	st			MI	
Covett	K	atie			İ	
Residential Street Address	City	<u> </u>		State	Zip Code	
1188 Trout Brook Dr	West	Hartford		כד	06119	
Principal Occupation		Name of Employer		L		
Business Consultant 7 Stars Consulting						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of 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 \$100						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, list Event # Section L1? If yes, limit Event #	anch or	branches	c contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	03/31/23	\$100			
Last Name	Fir				MI	
Devereux	Je	effrey				
Residential Street Address	City			State	Zip Code	
1429 Park St	Hartf	ord		СТ	06106	
Principal Occupation		Name of Employer			·	
Partner Breakfast Lunch & Dinner						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No 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 \$50				unt of Contribution		
Is this contribution associated with an event 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? 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? 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?						
If yes, list Event # Of government the contract is with: Executive OLegislative Method of Contribution: Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/31/23	\$50			
SUBTOTAL Section B — This Page \$250						
TOTAL of additional Section B Pages \$1810						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$2060						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Repository) TYPB OF April 10				
A. Total Contributions from Small Contribute	A CONTROL OF THE PARTY OF THE P				
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A				
	emized Contributions from Individuals				
Last Name	First	MI			
Ludwig	Jonathan				
Residential Street Address 142 E 16th Street	City New York	State Zip Code NY 10003			
Principal Occupation	Name of Employer				
Business Development	Ayr Wellness				
	excess of \$400 to a candidate for a chief executive officer of susiness he/she is associated with have a contract with said m \$5,000?				
event reported in Section L1? No If yes, indic	principal of a state contractor or prospective state contractor ate which branch or branches the contract is with: OExecutive OLegisla	⊙ №			
Method of Contribution:	Date Received Aggregate C	ontributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion OMoney Order 03/31/23 \$250				
Last Name	First	MI			
Residential Street Address	City	State Zip Code			
Principal Occupation	Name of Employer				
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? Amount of Contribution O Yes No					
event reported in Section L1? O No If yes, indic	principal of a state contractor or prospective state contractor cate which branch or branches nent the contract is with;	ONo			
Method of Contribution: Date Received Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduct	ion Money Order				
Last Name	First	MI			
Residential Street Address	City	State Zip Code			
Principal Occupation	Name of Employer				
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					
event reported in Section L1? No If yes, indic	principal of a state contractor or prospective state contractor atte which branch or branches tent the contract is with:	ŎNo			
Method of Contribution:	Date Received Aggregate C	ontributions			
OCash OPersonal Check OCredit/Debit Card OPayroli Deduct	tion OMoney Order				
SUBTOTAL Section B — This Page \$250					
TOTAL of additional Section B Pages \$1810					
	IONS FROM INDIVIDUALS (Sections A + B) \$2	2060			
(Ещег	total on Line 13, Column A of Summary Page Totals)				