SEEC FORM 20

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

TOWN & GITY CLERK

2023 JUL 10 PH 2:02

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE									7231 732 03	
Re Elect TJ Clarke for City Council :	2023									
2. TREASURER NAME						And the second s				
First		МІ		Last						Suffix
Justin			ĺ	Colema	าก					
3. TREASURER ADDRESS			1,75,5,5,5					100 100 100 100 100 100 100 100 100 100		
Street Address			City				Ì	State	Zip C	ode
107 Saint Monicas Avenue			Hart	ford				CT	061	20
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only i	f Condidat	e Committee)				6, DIST	RICT NUMBER
(mm/dd/yyyy)	City Council			-					(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)					150 Er 2500 Okt		I Jacks of the Thirty State In-	7-1, v1, v2, v2, v2, v2, v2, v2, v2, v2, v2, v2
First		MI		Last						Suffix
Thomas		j		Clarke						Ш
8. TYPE OF REPORT (Check One Box)				The state of the s	A CONTRACTOR OF THE CONTRACTOR			Z		
O January 10 filing	7th day preced	ting primary	y	O ^{7th}	day preceding ref	erendum		nitial Con		r Disbursement
April 10 filing	◯30 days follow	ving primar	y	O45	days following ref	erendum	_	mendmen		
• July 10 filing	7th day preced	ling election	n	O De	ficit		Ty	pe of Rep	port:	
October 10 filing	12th day prece			Ter	mination		_			
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n							
9. PERIOD COVERED		And process of the second seco	100 100 100 100 100 100 100 100 100 100	A STATE OF THE STA		The state of the s	7:1-4:1-5:0 			
	Beginning Dat	te			Ending Da	ate				
	05/01/2023			thru	07/10/2023					
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10. CERTIFICATION		The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section (Section Control Contr				A control of the cont	The second secon
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I hereby certify and state, under p	enalties of false s	statement,	that a	ill of the	information set	forth on this	Iten	nized Car	mpaigu F	inance
Disclosure Statement for the per									1 6	
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- letti (alu		1	V	USI	IN COLA	_ naus			77	10/2023
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)		PRIN	ΓNAME (OF SIGNER				DATE (mm/dd/yyyy)
<i>t</i>										
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A person who is	found to have kno	owingly an	ıd wii	llfully vi	olated any provi	sions of the	canı	aign find	ance statu	ites

faces a civil penalty or imprisonment or both.

Page 1 of 17

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		TOTAL CONTROL
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	6,005.00	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
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	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	6,005.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6,005.00	
19. Expenses Paid by Committee (Section P)	0	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	6,005.00	
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan	_	
25c Payments on Loan		
25d. Total Outstanding Loan Amount	_	
26. Campaign Expenses Paid by Candidate (Section Q)	795.21	
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

Section B ADDITIONAL PAGE 1 of 11

Readcarial Street Address 161 Tremont Street City	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	W		TYPE OF REPORT			
SUBSTOCK	·	initial construction of		July 10 Filing			
Hat have Hennessy Registered Street Address City Hartford State City Hartford CT O6105			Contractive from Account them, commended the contraction	\$7305.60			
Matthew Matt							
Reactional Storet Address Cay Flartford Carl Cap Contribution is in excess of \$400 to a contribute or submitted is state contractor Cap Cap Contribution Cap Cap Contribution Cap	B. Itemized (Contribu	itions from Individ	luals			
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Name of Employer Tremont Public Advisors	Residential Street Address	J *			State) -	
Managing Director Tremont Public Advisors Tremont Public Advisor	161 Tremont Street	Hartfo	ord		CT	06105	
Is contribution associated with a vector polymer of the contribution associated with a vector polymer of the properties of the contribution associated with a vector polymer of the properties of the contribution associated with a vector polymer of the properties of the contribution associated with a vector polymer of the properties of	Principal Occupation		Name of Employer				
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Method of Countribution Date Received S1710/2023 State Countribution State	event reported in Section L1? No If yes, indicate which t	branch or b	ranches _	No.			
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Residential Street Address 39 Canterbury Road City Frincipal Occupation Consultant		oney Order	5/10/2023				
Residential Street Address 39 Canterbury Road State	Last Name	Firs	t			MI	
39 Canterbury Road Frincipal Occupation Consultant Security but on lobbyist, spouse, or dependent child of a lobbyist, spouse, Gardin Personal Check Occasion Personal Check Occasion Project Manager Residential Street Address 189 Kenyon St 18 contributor a lobbyist, spouse, or dependent child of a lobbyist? Statis contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes State Cartin Debut State State Contraction or prospective state contractor? Aggregate Contributions State State Cartin Debut State C	Motley	Jo	hn				
Name of Employer Motley Consulting	Residential Street Address	City			State	Zip Code	
Consultant Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	39 Canterbury Road	Hamd	len		CT	06514	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No very list Event if the ported in Section L1? No late Name Gary State S	Principal Occupation	•	Name of Employer			•	
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1?	Consultant		Motley Consulting				
event reported in Section L1? June Interported Interported June Interported Interported June June	or dependent child of a lobbyist? O No does contributor or business he/s	100 to a cand she is assoc	iated with have a contract	e officer of a municipality with said municipality			
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Last Name Gary Albert	Method of Contribution:				1		
Residential Street Address 189 Kenyon St	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order	5/10/2023				
Residential Street Address 189 Kenyon St City Hartford CT 06105 Principal Occupation Project Manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Ocash O Personal Check O Credit/Debit Card O Payroll Deduction O Money Order City Hartford Name of Employer AEGCm, Ilc Amount of Contribution Ocash O Personal Check O Credit/Debit Card O Payroll Deduction O Money Order SUBTOTAL Section B — This Page City Hartford Name of Employer AEGcm, Ilc Amount of Contribution Ocash O Personal Check O Credit/Debit Card O Payroll Deduction O Money Order SUBTOTAL Section B — This Page	Last Name	- 1		1		MI	
189 Kenyon St Principal Occupation Project Manager Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contributor a principal of a state contractor or prospective state contractor? Is this contribution: Ocash Personal Check Occidit/Debit Card Payroll Deduction Money Order Principal Occupation Principal Occupation Project Manager AEGcm, Ilc AEGcm, Ilc AEGcm, Ilc Amount of Contribution on a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received 5/15/2023 Aggregate Contributions SUBTOTAL Section B — This Page	Gary	Al	bert				
Principal Occupation Project Manager Name of Employer AEGCm, Ilc	Residential Street Address	1 "		· ···		1	
AEGCm, IIc 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? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B—This Page Amount of Contribution 250,00 Subtraction B—This Page	189 Kenyon St	Hartfo	ord		СТ	06105	
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? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Substitute Oracin Defendent of Defen	Principal Occupation		Name of Employer				
or dependent child of a lobbyist? No does contributor or business hc/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Method of Contribution: OCash OPersonal Check ©Credit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B—This Page	Project Manager		AEGcm, llc				
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SUBTOTAL Section B—This Page GOO.60					7		
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TOTAL of additional Section B Pages	SU	BTOTA)	L Section B — This	Page GOC). 6 C	>	
The state of the s	TOT	'AL of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 46,005.00				(+B) \$6,00	5.00	2	

Section B ADDITIONAL PAGE 2 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Re Elect TJ Clarke for City Council 2023			July 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	医克朗氏性皮肤 网络人名英英克克勒人名	Period ONLY TAL SECTION A	\$ 805.60			
B. Itemized Co	ntribut	tions from Individ	luals			
Last Name	First				MI	
Farina	Mic	chael				
Residential Street Address	City			State	Zip Code	
54 Robert Road	Manch	ester		cī	06040	
Principal Occupation		Name of Employer		<u></u>	· · · · · · · · · · · · · · · · · · ·	
Professor	Ι,	Yale University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contributor or business he/she valued at more than \$5,000?				7, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brait of government the contract	nch or bra	anches	Contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	- 1	5/15/2023	1.55. vento contributions			
Last Name	First				MI	
Schick	Dav	vid				
Residential Street Address	City	-		State	Zip Code	
2209 Avenue I 2362 Nostrand Avenue	[*				11210	
Principal Occupation	1	Name of Employer		,		
Real Estate Shelbourne Global Solutions						
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? Yes No 250.00				unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a sevent reported in Section L1? If yes, list Event # Section L1?	ınch or br	anches _	e contractor? Yes No Legislative			
Method of Contribution:	I	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoncy	Order	5/16/2023				
Last Name	First				MI	
Seidenfeld	Mic	chael				
Residential Street Address	City			State	Zip Code	
1382 Laura Court	Lakew	ood		NJ	08701	
Principal Occupation	<u>' </u>	Name of Employer			·	
Chief Operating Officer		Shelbourne				
					unt 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 # Security Executive OLegislative Is contributor a principal of a state contractor or prospective state contractor? ONO Executive OLegislative						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	1	Date Received 6/2/2023	Aggregate Contributions			
		Section B — This	Page 750	100		
		litional Section B P	Charles and Art Charles and Ch			
	The state of the s	The state of the s				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ 6,005.00						

Section B ADDITIONAL PAGE 3 of 11

NAME OF COMMITTEE (Pravide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Re Elect TJ Clarke for City Council 2023			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SURTOTAL SECTION A			\$805.60				
	-					_	
B. Itemized Co	ntrib	outions from Individ	duals				
Last Name Schlossberg	- 1	_{irst} Benjamin				MI	
Residential Street Address 268 Jackson Pines Road	City Jack	son Township		State NJ	Zip 6 085	Code 5 27	
Principal Occupation Real Estate		Name of Employer Shelbourne					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?				y, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If pes, list Event # Yes Is contributor a principal of a If pes, indicate which bra of government the contra	anch or	branches	Contractor? Yes OLegislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	Date Received 6/2/2023	Aggregate Contributions				
Last Name Biegeleisen	1	irst Mo	***			MI	
Residential Street Address 612 Nutley PL	City State Valley Stream NY				Zip (
Principal Occupation Real Estate Name of Employer Shelbourne Diversified							
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?				7, Amo		f Contribution	
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Last Name Headley	- 1	irst Maurice	· · · · · · · · · · · · · · · · · · ·			MI	
Residential Street Address	City			State	Zip (Code	
73 Sequin Street	Hart			<u></u>	06	106	
Principal Occupation Attorney		Name of Employer Connecticut Health	Insurance Exchang	je			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? On dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? On Yes No 100,00					f Contribution		
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TOTAL OF ALL CONTRIBUTIONS FRO Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page		5.60			

Section B ADDITIONAL PAGE 4 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing)	Repository)			TYPE OF REPORT		
Re Elect TJ Clarke for City Council 2023			July 10 Filing			
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$.805.00		
B. Item	aized Con	tribu	tions from Individ	duals		
Last Name Salina		Firs	t lam			MI
Residential Street Address	Ic	City			State	Zip Code
95 Spicewood Lane		Berlin			СТ	06037
Principal Occupation			Name of Employer			
Government Relations			Kozak & Salina, LLC			
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Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a pr If yes, indicate of governmen	e which bran	ch or b		c contractor? Yes OLegislative		
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Last Name		Firs				MI
Kozak		Da	ıvid			
Residential Street Address 31 Hunters Ridge		^{City} Rocky	Hill		State	Zip Code 06067
Principal Occupation			Name of Employer		<u> </u>	
Government Relations			Kozak & Salina, LLC			
	siness he/she is		lidate for a chief executive ated with have a contract Yes No		y, Amo	ount of Contribution
event reported in Section L1?		ich or b		e contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions	7	
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Last Name	*	Firs	ŧ			MI
Stevens		Pe	ter			
Residential Street Address		City			State	Zip Code
100 Huyshope Ave. Unit 508		Hartfo	ord		CT	06106
Principal Occupation			Name of Employer			
Architecture			JCJ Architecture, In	c,		
	siness he/she i		lidate for a chief executive tated with have a contract Yes No		y, Amo	ount 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? No lf yes, indicate which branch or branches						
If yes, list Event # Of government the contract is with: O Executive O Legislative Method of Contribution: Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney	Order	6/20/2023			
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TOTAL OF ALL CONTRIBUTIO (Enter to			VIDUALS (Sections A mn A of Summary Page		5.00	

Section B ADDITIONAL PAGE _ 5 of _ !!

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Re Elect TJ Clarke for City Council 2023			July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$ 865.60			
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fi	irst			MI	
Brown	N	lorma				
Residential Street Address	City			State	Zip Code	
181 Overlook Avenue	New	Britain		CT	06053	
Principal Occupation		Name of Employer			_L	
Executive Asst		Cigna				
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, Am o	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 second reported in Section L1? If yes, list Event # On of government the contract	nch or	branches	e contractor? Yes OLegislative			
Method of Contribution:	71 15 771	Date Received	Aggregate Contributions	\dashv		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order					
Last Name	Fi	rst			MI	
Lynch	S	ean				
Residential Street Address	City			State	Zip Code	
1339 Mariga St	Novi				48374	
Principal Occupation		Name of Employer				
Professional Truck Driver		Twenty-One Logisti	ics			
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	ount of Contribution	
Is this contribution associated with an cvent reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which brain of government the contract.	nch or	branches	e contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
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Last Name	- 1	irst			MI	
Watson	R	Ruth			P	
Residential Street Address	City			State	Zip Code	
950 Reunion Place	Atlar	nta		GA	30331	
Principal Occupation		Name of Employer				
Writer		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?				y, Amo	ount of Contribution	
event reported in Section L1?	t reported in Section L1? No If yes, indicate which branch or branches No No					
Method of Contribution:		Date Received	Aggregate Contributions			
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TOTAL	ofa	dditional Section B P	ages	·		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		NVIDUALS (Sections A Junn A of Summary Page		75.0		

Section B ADDITIONAL PAGE _ G of _ U

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	(ימי	Average and the second	TYPE OF REPORT			
Re Elect TJ Clarke for City Council 2023			July 10 Filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$. \\$ 05,00			
		···			-	
B. Itemized	Contribu	itions from Individ	duals			
Last Name	Firs	st			MI	
Taylor		nneth				
Residential Street Address	City			State	Zip Code	
25643 E. Calhoun Pl	Auror	a 		СО	80016	
Principal Occupation		Name of Employer				
Consultant		Taylor Medical Tech	nnology & Consultin	ig Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the co	ı branch or b		Contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	foney Order	6/22/2023				
Last Name	Firs				MI	
Bazzano	ol	hn				
Residential Street Address	City			State	Zip Code	
96 Hubbard road	Hartfo	ord		CT	06114	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of the contributor or business he valued at more than \$5,000?				7, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the co	h branch or b		e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Order	6/27/2023				
Last Name	Firs	t		 -	MI	
Reynolds	Le	e				
Residential Street Address	City			State	Zip Code	
71 Sycamore Rd	West	Hartford		CT	06117	
Principal Occupation		Name of Employer		<u> </u>	<u> </u>	
Program Lead		UConn	,			
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?			officer of a municipality	7, Amo	ount 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, 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: Description: Description:						
Method of Contribution:		Date Received 6/27/2023	Aggregate Contributions	一 .		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Order	0/2//2023				
SI	UBTOTA)	L Section B — This	Page 45	0.00	D	
10.	TAL of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FI		VIDUALS (Sections A		< ~^		
Zanet one of	Jan 13, CDM		7 900	<u>,, U</u>		

Section B ADDITIONAL PAGE 7 of 11

NAME OF COMMITTEE (Provide Complete Name as Res	gistered with Filing Repository)		14.2 min 17.00 min 10.3 min 10.0 min 10	TYPE OF REPORT			
Re Elect TJ Clarke for City Council 2023				July 10 Filing			
A. Total Contributions from Small (See instructions for definition of Small Contrib			is Period ONLY OTAL SECTION A	\$ 845.00			
	B. Itemized Cor	ıtrib	utions from Indivi	duals		7.11.	
Last Name		Fi	rst				MI
Crumbie		A	ndrew				
Residential Street Address		City			State	1 -	Code
100 Pearl Street 12thFloor		Hartf	ford		רד	06	103
Principal Occupation			Name of Employer				
Lawyer			Crumbie Law Group	o LLC			
or dependent child of a lobbyist? ONO does	ntribution is in excess of \$400 to contributor or business he/she and at more than \$5,000?				1	mount (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 contrac	ch or	branches	e contractor? Yes OLegislative			
Method of Contribution;			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card C	Payroll Deduction OMoney	Order	6/29/2023				
Last Name	<u></u>	Fi					MI
Hall		Jo	oshua				
Residential Street Address		City			State	1 -	Code
28 Canterbury St Hartford CT					06	112	
Principal Occupation			Name of Employer				
Hartford Public Schools			Educator				
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 t contributor or business he/she i d at more than \$5,000?					mount o	of Contribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # 001	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or	branches	e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card C	Payroll Deduction Money	Order	6/30/2023				
Last Name	****	Fi	irst		1		MI
Keen		L	ennox				
Residential Street Address		City			State	Zip	Code
560 Bloomfield Avenue		Bloo	mfield		CT	06	002
Principal Occupation			Name of Employer				
Land surveying			Freeman Companie	es			
or dependent child of a lobbyist? On does	ntribution is in excess of \$400 t contributor or business he/she at at more than \$5,000?				1	130unt (of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 001							
Method of Contribution: OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney	Order	Date Received 6/30/2023	Aggregate Contributions			
	SUBT	OTA	L Section B — This	Page G	<u></u> රථ.	80	
	TOTAL	of a	dditional Section B I	ages			
TOTAL OF ALL C	ONTRIBUTIONS FROM Enter total on Line 1		OVIDUALS (Sections A Jumn A of Summary Page		5.0	0	

Section B ADDITIONAL PAGE 8 of 11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Re Elect TJ Clarke for City Council 2023	July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	URTOTAL SECTION A \$ 805.60			
B. Itemized Co.	tributions from Individuals			
Last Name	First MI			
Feltman	Art			
Residential Street Address	City State Zip Code			
50 Beachtree Lane	West Hartford CT 06107			
Principal Occupation	Name of Employer International Hartford			
	o a candidate for a chief executive officer of a municipality, a sassociated with have a contract with said municipality Oyes No 250.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, indicate which brain of government the contract				
Method of Contribution:	Date Received Aggregate Contributions			
OCash	Order 6/19/2023			
Last Name	First MI			
Anthony	Healis			
Residential Street Address	City State Zip Code			
11 Ashley Road	Windsor CT 06095			
Principal Occupation	Name of Employer			
Real Estate Developer	The Grand Company			
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality Yes No No No No No No No No No N			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 001 Yes Is contributor a principal of a If yes, indicate which bra of government the contrar				
Method of Contribution;	Date Received Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 6/30/2023			
Last Name	First MI			
Fontan	John			
Residential Street Address	City State Zip Code			
99 Montowese Street	Hartford CT 06111			
Principal Occupation	Name of Employer			
Energy Tech	Hattifi Inc			
	o a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 001 If yes, list Event # 001 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 OMoney	Order 06/36/2623			
SUBI	OTAL Section B—This Page 450.00			
тота	of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	INDIVIDUALS (Sections A + B) 3, Column A of Summary Page Totals) \$ 6,005.00			

Section B ADDITIONAL PAGE 9 of U

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)		TYPE OF REPORT			
Re Elect TJ Clarke for City Council 2023			July 10 Filing			
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	tioners in the designation	this Period ONLY BTOTAL SECTION A	\$805.00			
			·			
	æd Conti	ributions from Individ	luals			
Last Name Wayne		First Benjamin			MI	
Residential Street Address 65 Amanda Circle	City W	y findsor		State CT	Zip Code 06095	
Principal Occupation Principal	,	Name of Employer Georgetown Assoc			-	
	ss he/she is a	a candidate for a chief executive associated with have a contract of the contr		, Amo	ount of Contribution	
	ipal of a state	e contractor or prospective state or branches	contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Moncy Or	Date Received 6/29/2023	Aggregate Contributions			
Last Name McCrory		First Doug			Мі	
Residential Street Address 235 Blue Hills Avenue	City Ha	y artford		State CT	Zip Code 06112	
Principal Occupation Educator		Name of Employer CREC				
	ss he/she is a	a candidate for a chief executive associated with have a contract v Yes ② No		, Ama	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 001 Section L1? Yes No Is contributor a principal of government the of government the section of governmen	hich branch		_ No			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction (Moncy Or		Aggregate Contributions			
Last Name Miles		First Patricia			МІ	
Residential Street Address 269 Roger Street	City Ha	y artford		State CT	Zip Code 06106	
Principal Occupation Outreach		Name of Employer CHS				
	ss hc/she is a	a candidate for a chief executive associated with have a contract to Yes No		, Am	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 001 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: OExecutive OLegislative				ტ,ტ		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (OMoney Or	1	Aggregate Contributions			
	SUBTO	TAL Section B — This	Page 45	ڻ. <i>ه</i> .و	2	
	rotal o	fadditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS (Enter total o		NDIVIDUALS (Sections A Column A of Summary Page 1		.00		

Section B ADDITIONAL PAGE 10 of 11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Re Elect TJ Clarke for City Council 2023			July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor) See instructions for definition of Small Contributor)	ed this Perio		\$ 805.00			
B. Itemized Co	ntributions 1	rom Indivi	duals			
Last Name	First		,		MI	
Harris	Steven					
Residential Street Address	City			State	Zip Code	
213 Cleveland Avenue	Hartford			CT	06120	
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 does contributor or business he/she valued at more than \$5,000?	is associated with			y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brar of government the contract	nch or branches		te contractor? Yes OLegislative			
Method of Contribution:	Date Rec		Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/29/2	2023				
Last Name	First		•	•	MI	
Ritter	Matt					
	City			State	Zip Code	
	Prospect			СТ	06712	
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 does contributor or business he/she valued at more than \$5,000?	is associated with			7, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, indicate which brains a section L1?		prospective sta	te contractor? Yes			
If yes, list Event # of government the contract		Executive []	O Legislative			
Method of Contribution:	Date Reco		Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/22/2	2023				
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 If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated with			y, Amo	unt of Contribution	
s 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, list Event # Of government the contract is with: Executive Legislative						
Method of Contribution:	Date Reco	eived	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	70 (Ann. 1800)	05220	j		
SUBT	OTAL Section	on B — This	Page 3	50.0	٥	
TOTAL	of additiona] Section B J	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1				3,00		

Section B ADDITIONAL PAGE ______ of ____!

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT					
Re Elect TJ Clarke for City Council 2023		July 10 Filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$.805.00					
B. Itemized Contributions from Individuals							
Last Name	First		MI				
Levin	Paul						
Residential Street Address	City		State Zip Code				
58 bayberry hill road	Avon		CT 06001				
Principal Occupation	Name of Employer	Name of Employer					
Lawyer	Self-Employed						
	pendent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality						
event reported in Section L1? No If yes, indicate which b	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: OExecutive OLegislative						
<u> </u>	Date Received		-				
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor		Aggregate Contributions					
Last Name	First		MI				
Anthony	Taryn						
Residential Street Address	City		State Zip Code				
269 Patterson Road	Rustburg	},	VA 24588				
Principal Occupation	Name of Employer						
Coordinator	DST Inc						
	1? 💽 No does contributor or business he/she is associated with have a contract with said municipality						
event reported in Section L1? No If yes, indicate which t	is contribution associated with an treported in Section L1? Yes 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				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMOR	ney Order 6/30/2023						
Last Name	First		MI				
Residential Street Address	City	1	State Zip Code				
Principal Occupation	Name of Employer Free						
	00 to a candidate for a chief execution 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 # Section L1? Is contributor a principal of If yes, indicate which the of government the contributor.		ate contractor? Yes No Legislative					
Method of Contribution:	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order							
SUBTOTAL Section B—This Page 2.06.00							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)							
	ne 13, Column A of Summary Page		,.00				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository).		TYPE OF REPORT				
Lt. Event Information							
Event # 601 Date of Event Letter	Description CAMPAIGN KICK OF	F EVENT		Was this a fur Yes	ndraising event?		
Location: Street Address		City		State	Zip Code		
	CAMPAIGN LICK OF	HARTFORD		a	06120		
Subpart 1: (All Committee Was this event hosted at a	·						
	d this fundraiser include goods or services donated by a business entity up to \$200 or items donated by an individual of up to \$100? Yes (If yes, go to Section L4 In-Kind Donations and complete required information.)			not Considered	Contributions		
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Reco	eipts here.)	\$			
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Or on a Sign and complete required information.)							
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Rec	eipts here.)	\$			
Eyent#	Description						
Date of Event Letter				Was this a fur	ndraising event?		
Location: Street Address		City		State	Zip Code		
Subpart 1: (All Committee Was this event hosted at a		☐ Yes (If yes, go to Section Lands Associated with a Houpurchases made by hos ☐ No	ise Party and complete	e required infor			
	de goods or services donated by a business entity onated by an individual of up to \$100?	☐ Yes (If yes, go to Section L and complete required ☐ No		not Considered	Contributions		
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	☐ Yes (If yes, enter Total Rec	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?		3 Purchases of Advert		Program Book		
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Reco	cipts here.)	\$			
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr		This Page	0			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			Ò				
		TOTAL of additional Section	i Li Pages	0			
		IPTS FROM SMALL PUI Line 16a, Column A of Summary		٥			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		YPE OF REPORT			
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			ate of Payment		oursement claimed?	
PASS PORTS	S AND PLATTERS	City		6/21/2023		Yes No	
254 11.	ON PATH ROAD	W. NDSOR			State	Zip Code	
Purpose of Expenditure	Description	0017053012	Event #		ļ	OGO9S Amount	
(by code)				001	\$295.21		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			ate of Payment	Is reimbursement claimed?			
PHOBNIK SOCIETY		1,	6/29/2023	☐ Yes ☐ No			
Street Address		City		0/21/223	State	Zip Code	
729 W	729 WINDSOR STREET HARTFORD			CT 06120			
Purpose of Expenditure (by code)	Description		Event #			Amount	
(-)/	EVENT SPACE RENTAL 001		001	500.60			
Name of Payee (Name of)	Vendor, Person or Entity who candidate paid directly)		D	ate of Payment	Is reimbursement claimed?		
						Yes No	
Street Address		City			State	Zip Code	
D. CE. V	T5	1	22 . "				
Purpose of Expenditure (by code)	Description		Event #			Amount	
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)		D	ate of Payment	Is reimbursement claimed?		
					י ם	Yes 🗌 No	
Street Address		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		ate of Payment	Is reimbursement claimed?				
				Y	_		
Street Address City		State	Zip Code				
Purpose of Expenditure	AFT. No. 10		Event #			Amount	
(by code)	Description Event #		Event "		-	AMOURT	
Name of Payee (Name of V	 'endor, Person or Entity who candidate paid directly)		Da	ate of Payment	Is reimb	ursement claimed?	
						Yes □ No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		£	Amount	
SUBTOTAL Section Q—This Page \$ 795.21							
TOTAL of additional Section Q Pages							
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals) (795.21							