## SEEC FORM 20

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

Page 1 of 17

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1. NAME OF COMMITTEE						C. and	 			17.	
Re Elect TJ Clarke for City Council	2023 .										
2. TREASURER NAME		- 1, if 1,							33.4		
First		МІ		Last		•				Suf	ñx
Justin				Coleman							
3. TREASURER ADDRESS							Tenny Tenny				
Street Address			City					State		Zip Code	
107 Saint Monicas Avenue			Har	ford				CT	•	06120	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complex	te only	f Candidate Co	nmitiee)				6. 1	DISTRICT	NUMBER
(mm/dd/yyyy)	City Council			<del>-</del>	<u> </u>		·		(if ap)	olicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)	1.			. 2 - 1			. %		
First		МІ		Last						Suff	ix
Thomas	•	ر		Clarke						] III	
8. TYPE OF REPORT (Check One Box)											
O January 10 filing	7th day preced	ding primar	y	. 7th day	y preceding	g referendur		nitial Co		on or Dis	bursement
April 10 filing	30 days follov	ving primar	y	() 45 day	s following	g referendu	n _	mendm	-	•	
, July 10 filing	7th day preceding election Deficit				T <sub>1</sub>	) ype of R	lepo <u>rt</u>	{			
October 10 filing	12th day prece			<b>O</b> Termir	nation .		_		(3 C2	17.0	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving election						Right State		5.8 2.9 3.9	
9. PERIOD COVERED							******** <b>C</b>	ili Ilina Ng k Tan indra sa	200		
	Beginning Dat	te,			Ending	g Date	**		T. Cl	170 170 170	,
-	7/11/20	123	_	thru _	0/10	1202	3	178 H	Ac. 1		
io, CERTIFICATION			. A		The state of the s					ganderdagen av Tal	
I hereby certify and state, under per Disclosure Statement for the per TREASURER OR DEPUTY TREASURER	iod covered is tr	ue, accura	ate an		te.	set forth or LRAMA	this Item	ized Ca	_10	n Finance $\frac{0/10/2}{16 \text{ (mm)}}$ TE (mm)dd	2023
									9 - 14 1 - 1. 1 - 1 - 1.		
A person who is f		wingly and					the campa	iign fin	ance st	atutes	

## I. MONETARY RECEIPTS (Sections A—K)

A. Total Contributions from Small Contributors-Received this Period ONLY   Girls Instructions for definition by Small Contributory   SUBTOTAL SECTION   SUBTOTAL SECTION   SUBTOTAL SECTION   SUBTOTAL SECTION   Substitution by Small Contributions   Substitution   State   Substitution   Substitution   State   Substitution							
B. Itemized Contributions from Individuals    East Name							
Last Name   Last							
Let Name   First   DIRNE   State   Zip Code   Cod							
Let Name   First   DIRNE   State   Zip Code   Cod							
Residential Street Address    City							
Residential Street Address  City  CASE  MANAGER  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Cash  Personal Check  City  City  Harther  Name of Employer  Name of Emplo							
Principal Occupation							
Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   No   No   No   No   No   No   No   N							
Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   No   No   No   No   No   No   No   N							
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No   Valued at more than \$5,000?   Yes   No   Yes   No   Yes   State   Yes, indicate which branch or branches of government the contract is with:   Executive   Legislative   160. W   160							
event reported in Section L1?							
If pes, list Event #   Of government the contract is with:							
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   8/25/2023							
City   State   Zip Code   OG 10S							
Residential Street Address  City  Charter Fund  Principal Occupation  ALAN  Name of Employer  And CHARTENAN CEC  Is contributor a lobbyist, spouse, 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? Yes No  Is this contribution associated with an event reported in Section L1? No of government the contract is with: Executive   Legislative    Method of Contribution:    City							
Name of Employer   LAZ CHAIRMAN   CEO   LAZ FARKING							
Name of Employer   LAZ CHAIRMAN   CEO   LAZ FARKING							
Name of Employer   LAZ CHAIRMAN   CEO   LAZ FARKING							
If contributor a lobbyist, spouse, or dependent child of a lobbyist? No loss contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							
If contributor a lobbyist, spouse, or dependent child of a lobbyist? No loss contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							
valued at more than \$5,000?							
Section L1?							
Method of Contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Payroll Deduction   Date Received   Aggregate Contributions   Payroll Deduction   Date Received   Payroll Deduction   Date Received   Payroll Deduction   Payroll							
□Cash □Personal Check ☑Credit/Debit Card □Payroll Deduction □Money Order   9/11/2023							
CAMILLIERE First ANTHONY  Residential Street Address  O OLD COMMON   City WETHERSFIELD CT OG 109							
CAMILLIERS HNTHONY  Residential Street Address  City WETHERSFIELD CT C6 109							
Residential Street Address  City  WETHERSFIELD  State Zip Code  CT OG 109							
60 OLD COMMON WETHERSFIELD CI COUL							
Principal Occupation Name of Employer							
LOBBYIST CAMILLIERE, CLOUD, KENNED							
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution							
or dependent child of a lobbyist?  \Boxed No  \Boxed does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  \Boxed Yes  \Boxed No							
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches							
event reported in Section L1?							
Method of Contribution:  Date Received Aggregate Contributions							
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □							
SUBTOTAL Section B—This Page 600.00							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)							

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT.					
A. Total Contributions from Small Contributors-Received	[COMM_ 读的句话: 1956] "\$P\$ \$12 \$20 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15					
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A   "					
A SERVICE OF A SERVICE OF SERVICE SERVICES AND A SERVICE OF THE SERVICE OF A SERVIC	ontributions from Individuals					
Last Name HAWKINB	First	MI				
Residential Street Address	Kim Blockfield s	tate Zip Code				
Principal Occupation	Name of Employer					
CEO	HECCO INC					
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes No	Amount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a If yes, indicate which bra of government the contra		100.00				
Method of Contribution:	Date Received   Aggregate Contributions					
☐ Cash ☐ Personal Check	y Order 7/11/2023					
Last Name	First	MI				
SODIPO	JOHN					
Residential Street Address 150 STANLEY DRIVE		atc Zip Code  CT 06033				
Principal Occupation	Name of Employer					
ATTORNEY	SOBIPO LAW GROUP	•				
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality	Amount 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:    Executive   Legislative   Legisla						
Method of Contribution:    Date Received   Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 7/12/2023					
Robinson  Residential Street Address  SOO STAFFORD AVE	First M.2.	MI				
Residential Street Address		ate Zip Code				
500 STARFORD AVE	BRISTOL C	CT 06010				
Principal Occupation  Bou. LEAPERSHIP	Name of Employer	Zou, Devel				
	to a candidate for a chief executive officer of a municipality,	Amount of Contribution				
	is associated with have a contract with said municipality  Yes No	Amount of Continuation				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a second brain of government the contract of government the contract.		60,001				
Method of Contribution:	Date Received Aggregate Contributions	<b>,                                    </b>				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 7/15/2823						
SUBTOTAL Section B — This Page						
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)						

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Fig.	z Repository)	TÝF	E OF REPORT			
			,			
A. Total Contributions from Small Contributions for definition of Small Contributor)	到25分别的对方的对抗的增长的增长的,这是否进行的发生更能,积	riod ONLY SECTION A \$				
	A STANDARD	F-180 (1905) (1906) 1818-181-181-181-181-181-181-181-181-18	<del></del>			
	mized Contribution			NY 160 440 450.		
Last Name	First	A STATE OF THE PROPERTY OF THE	<b>9</b>		MI	
De Maio	[	VICTULE				
Residential Street Address  WESTSWE LWNE	City S	VICHOLE VELTON		State Z	ip Code 06484	
Principal Occupation	Name	of Employer				
VP		DOWNES				
	cess of \$400 to a candidate to siness he/she is associated w 5,000?			Amoun	t of Contribution	
event reported in Section L1?	orincipal of a state contractor te which branch or branche out the contract is with:				(s. vV)	
If yes, list Event # of govern			gate Contributions	100	J. 00	
☐ Cash ☐ Personal Check - ☐ Credit/Debit Card ☐ Payroll Deduc	on	0/4/2023				
Last Name PATRICK	First	DAVE_			MI	
Residential Street Address 311 N. STEPLE RAPO	City W	BST YARTA	3eD 8		ip Code 36 112	
Principal Occupation		of Employer		<u> </u>		
	cess of \$400 to a candidate f siness he/she is associated w 5,000?			Ameunt	of Contribution	
event reported in Section L1?	orincipal of a state contractor te which branch or branche ant the contract is with:					
Method of Contribution:  Date Received Aggregate Contributions						
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Last Name	First				MI	
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=	cess of \$400 to a candidate for siness he/she is associated wi 1,000?			Amount	of Contribution	
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□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduc	n Money Order	Street Bear Higher Steam on Toole 17 4	·. I		- 117	
SUBTOTAL Section B — This Page 260.10						
SUBTOTAL Section B — This Page 260.10  TOTAL of additional Section B Pages 1250.00						
TOTAL OF ALL CONTRIBUT (Enter	ONS FROM INDIVIDU, tal on Line 13, Column A o					

SEEC FORM 20 Revised January 2015 Section Q. ADDITIONAL PAGE TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Q. Campaign Expenses Paid by Candidate Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment Is reimbursement claimed? HDTC 8/16/2023

823 WETHERSFIELD AVE City HARTFORD

diture Description FEES DUR FUR CANDIDATE Even#

002 ☐ Yes ☐ No Zip Code Street Address CT 06114 Purpose of Expenditure (by code) 15/12.00 Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment Is reimbursement claimed? ☐ Yes ☐ No Street Address City Zip Code Event # Purpose of Expenditure Description Amount (by code) Name of Payce (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment Is reimbursement claimed? ☐ Yes ☐ No Street Address Zip Code City State Event # Purpose of Expenditure Description Amount (by code) Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment Is reimbursement claimed? ☐ Yes ☐ No Street Address City State Zip Code Event # Amount Purpose of Expenditure Description (by code) Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment Is reimbursement claimed? ☐ Yes ☐ No Street Address City State Zip Code Event # Purpose of Expenditure Description Amount (by code) Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment Is reimbursement claimed? ☐ Yes ☐ No Street Address City State Zip Code Purpose of Expenditure Description Event # Amount (by code) SUBTOTAL Section Q — This Page