

SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Fonfara for Hartford			
2. TREASURER NAME			
First Rennye	MI C	Last Leiler	Suffix
3. TREASURER ADDRESS			
Street Address 95 Tuttle Road		City Durham	State CT
		Zip Code 06422	
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/2023		5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> Mayor	
		6. DISTRICT NUMBER <i>(if applicable)</i>	
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First John	MI W	Last Fonfara	Suffix
8. TYPE OF REPORT <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing <input checked="" type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> <input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to <input type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit Type of Report: _____ <input type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> <input type="radio"/> Termination <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election <input type="radio"/> 45 days following election not held in November			
9. PERIOD COVERED			
Beginning Date		Ending Date	
July 1, 2023		thru September 3, 2023	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Rennye C Leiler PRINT NAME OF SIGNER	
		09/05/2023 DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

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	
Fonfara for Hartford	7th day preceding primary	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	383,790.03	
13. Contributions Received from Individuals (Sections A and B)	12,960	407,863
14. Receipts from Other Committees (Sections C1 and C2)	500	10,500
15. Other Monetary Receipts (Sections D through K)	0	500
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012. Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	1,250	11,750
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	14,710	430,613
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	398,500.03	430,613
19. Expenses Paid by Committee (Section P)	298,550.67	330,663.64
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	99,949.36	99,949.36
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	745
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	500
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	500
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	341.93	1097.75
27. Expenses Incurred on Committee Credit Card (Section R)	0	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	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Fonfara for Hartford				7th day preceding primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 360	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Sergi		Theodore			
Residential Street Address		City		State	Zip Code
11 Castlewood Rd		West Hartford		CT	06107
Principal Occupation			Name of Employer		
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		500	
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:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/1/23	500	
Last Name		First		MI	
Candelaria		Juan			
Residential Street Address		City		State	Zip Code
34 6th St		New Haven		CT	06519
Principal Occupation			Name of Employer		
Owner			Candelaria Insurance Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		250	
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:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/1/23	250	
Last Name		First		MI	
Kinney		Stephen			
Residential Street Address		City		State	Zip Code
20 Cromwell Place		Old Saybrook		CT	06475
Principal Occupation			Name of Employer		
Lobbyist			Gaffney Bennett and Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		500	
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:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/2/23	500	
SUBTOTAL Section B — This Page				1250	
TOTAL of additional Section B Pages				11350	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				12960	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$ 360
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Levy	First Megan	MI
Residential Street Address 3433 Westheimer Road	City Houston	State TX Zip Code 77027

Principal Occupation Homemaker	Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 250
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Aggregate Contributions 250
Date Received 7/2/23		

Last Name Caminito	First Marco	MI
Residential Street Address 179 Nejako Dr	City 06457	State CT Zip Code

Principal Occupation Project Manager	Name of Employer Pioneer Builders of Newington, Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No	Amount of Contribution 250
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Aggregate Contributions 250
Date Received 7/3/23		

Last Name Swift	First Christopher	MI
Residential Street Address 49 Winfield Lane	City New Canaan	State CT Zip Code 06457

Principal Occupation CEO	Name of Employer The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 1000
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Aggregate Contributions 1000
Date Received 7/3/23		

SUBTOTAL Section B — This Page	1500
TOTAL of additional Section B Pages	11350
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	12960

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 360
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Rodriguez		First Jose		MI
Residential Street Address 140 Kane Street		City West Hartford	State CT	Zip Code 06119
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/9/23	Aggregate Contributions 100	

Last Name Pantalea		First Ray		MI
Residential Street Address 188 Bartlett Dr		City Madison	State CT	Zip Code 06443
Principal Occupation Pharmacist		Name of Employer Org Services Llc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No			Amount of Contribution 250
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/3/23	Aggregate Contributions 250	

Last Name Gara		First Elizabeth		MI
Residential Street Address 105 Mattabasset Dr		City Durham	State CT	Zip Code 06422
Principal Occupation Executive Director/Lobbyist		Name of Employer Connecticut Lobbying Group, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/3/23	Aggregate Contributions 100	

SUBTOTAL Section B — This Page	450
TOTAL of additional Section B Pages	11350
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	12960

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$360
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Szepts		First Hollis		MI	
Residential Street Address 260 France Street		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/21/23	Aggregate Contributions 225	

Last Name Williams		First Erik		MI	
Residential Street Address 12 Boston Tpke.		City Coventry		State CT	Zip Code 06238
Principal Occupation Cannabis executive			Name of Employer Canna Provisions, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 250	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/24/23	Aggregate Contributions 250	

Last Name Sanchez		First Robert		MI	
Residential Street Address 269 Washington street		City New Britain		State CT	Zip Code 06051
Principal Occupation State Representative			Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 150	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/25/23	Aggregate Contributions 150	

SUBTOTAL Section B — This Page	500
TOTAL of additional Section B Pages	11350
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	12960

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 360	
B. Itemized Contributions from Individuals			
Last Name Blair		First John	
Residential Street Address 109 Girard Ave		City Hartford	
		State CT	Zip Code 06105
Principal Occupation President of MTAC		Name of Employer Motor Transport Association of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/26/23	Aggregate Contributions 250
Last Name Feldberg		First Yisacher	
Residential Street Address 1517 East 37th Street		City Brooklyn	
		State NY	Zip Code 11234
Principal Occupation Real Estate		Name of Employer Shelbourne	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/23	Aggregate Contributions 500
Last Name Anderson		First Arthur	
Residential Street Address 221 Trumbull Street		City Hartford	
		State CT	Zip Code 06103
Principal Occupation Executive		Name of Employer Imagineers, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/23	Aggregate Contributions 1000
SUBTOTAL Section B — This Page		1250	
TOTAL of additional Section B Pages		11350	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		12960	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 360	
B. Itemized Contributions from Individuals			
Last Name Hennessy		First Matthew	
Residential Street Address 161 Tremont St		City Hartford	State CT
Principal Occupation Managing Director		Name of Employer Tremont Public Advisors	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/23	Aggregate Contributions 100
Last Name Liang		First Bruce	
Residential Street Address 10 Cambridge Crossing		City Avon	State CT
Principal Occupation Doctor		Name of Employer UConn Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/9/23	Aggregate Contributions 250
Last Name Ritter		First Martha	
Residential Street Address 180 Fern St		City West Hartford	State CT
Principal Occupation Writer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/17/23	Aggregate Contributions 100
SUBTOTAL Section B — This Page		450	
TOTAL of additional Section B Pages		11350	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		12960	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$360	
B. Itemized Contributions from Individuals			
Last Name Lubas		First Mark	MI
Residential Street Address 14 Mountain Lakes Road		City Oakland	State NJ
		Zip Code 07436	
Principal Occupation Director, Cybersecurity		Name of Employer BD	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/27/23	Aggregate Contributions 100
Last Name Widlitz		First Patricia	MI
Residential Street Address 12 Island Bay Circle		City Guilford	State CT
		Zip Code 06437	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	250
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/31/23	Aggregate Contributions 250
Last Name Dobelle		First Evan	MI
Residential Street Address 1 Crofut Street		City Pittsfield	State MA
		Zip Code 01201	
Principal Occupation Educator		Name of Employer Countable	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	250
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/1/23	Aggregate Contributions 250
SUBTOTAL Section B — This Page		600	
TOTAL of additional Section B Pages		11350	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		12960	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A
	\$ 360

B. Itemized Contributions from Individuals

Last Name Bloom		First Andrew		MI	
Residential Street Address 163 Juniper Drive		City Avon		State CT	Zip Code 06001
Principal Occupation Surety Bail Bonds Agent			Name of Employer 3-D Bail Bonds, Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/1/23	Aggregate Contributions 100	

Last Name Mongellow		First Thomas		MI	
Residential Street Address 257 Adrian Ave		City Newington		State CT	Zip Code 06111
Principal Occupation Trade Assn Exec			Name of Employer CBA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 500	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/2/23	Aggregate Contributions 1000	

Last Name Adil		First Andrew		MI	
Residential Street Address 53 Desmond Drive		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/2/23	Aggregate Contributions 600	

SUBTOTAL Section B — This Page	700
TOTAL of additional Section B Pages	11350
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	12960

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 360	
B. Itemized Contributions from Individuals			
Last Name Conway		First Mary	MI
Residential Street Address 80 Blue Ridge Road		City Berlin	State CT
		Zip Code 06037	
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/3/23	Aggregate Contributions 500
Last Name Meredith		First Robert	MI
Residential Street Address 12204 ROCKY RUN ROAD		City Wethersfield	State CT
		Zip Code 06109	
Principal Occupation attorney		Name of Employer State of Connecticut - Public Defenders	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/3/23	Aggregate Contributions 200
Last Name Rosenthal		First Joseph	MI
Residential Street Address 53 Desmond Drive		City Fredericksburg	State VA
		Zip Code 22407	
Principal Occupation Attorney-Advisor		Name of Employer Federal Energy Regulatory Commission	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/3/23	Aggregate Contributions 200
SUBTOTAL Section B — This Page		700	
TOTAL of additional Section B Pages		11350	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		12960	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 360	
B. Itemized Contributions from Individuals			
Last Name Conaci		First Frank	MI
Residential Street Address 295 Hampton Ct		City Newington	State CT
		Zip Code 06111	
Principal Occupation Clinical Care Manager		Name of Employer Carelon	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Amount of Contribution	
		1000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/3/23	Aggregate Contributions 1000
Last Name Scelza		First Linda	MI
Residential Street Address 6 Evans Rd		City Rocky Hill	State CT
		Zip Code 06111	
Principal Occupation Management		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Amount of Contribution	
		1000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/3/23	Aggregate Contributions 1000
Last Name Downes		First Robert	MI
Residential Street Address 215 Linnmoore St		City Hartford	State CT
		Zip Code 06106	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Amount of Contribution	
		200	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	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:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/25/23	Aggregate Contributions 200
SUBTOTAL Section B — This Page		2200	
TOTAL of additional Section B Pages		11350	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		12960	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
	\$ 360

B. Itemized Contributions from Individuals

Last Name Antonacci		First Frances		MI	
Residential Street Address 319 Maple St		City Somers		State CT	Zip Code 06071
Principal Occupation Homemaker			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 1000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/28/23	Aggregate Contributions 1000	

Last Name Antonacci		First Rebecca		MI	
Residential Street Address 137 Billings Rd		City Somers		State CT	Zip Code 06071
Principal Occupation Homemaker			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 1000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/28/23	Aggregate Contributions 1000	

Last Name Antonacci		First Jessica		MI	
Residential Street Address 100 Maple St		City Somers		State CT	Zip Code 06071
Principal Occupation Homemaker			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 1000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/28/23	Aggregate Contributions 1000	

SUBTOTAL Section B — This Page	3000
TOTAL of additional Section B Pages	11350
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	12960

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Fonfara for Hartford						7th day preceding primary	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Connecticut State Employees Assoc PAC				Beverly Lee			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
760 Capital Ave			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>			500	
City		State	Zip Code	Date Received		Aggregate Contributions	
Hartford		CT	06106	8/8/23		500	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
			<input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>				
City		State	Zip Code	Date Received		Aggregate Contributions	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
			<input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>				
City		State	Zip Code	Date Received		Aggregate Contributions	
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page						500	
TOTAL of additional Section C Pages						0	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						500	

II. EVENT ACTIVITY (Sections L1—L5)

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*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Fonfara for Hartford				7th day preceding primary	
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser				Purchase Made By:	
Hartford Surgery Center Holdings, LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City	State	Zip Code
100 Avon Meadow Lane			Avon	CT	06001
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
7/10/23	K	250	250		
Name of Purchaser				Purchase Made By:	
Southington Surgery Center Holdings, LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City	State	Zip Code
100 Avon Meadow Lane			Avon	CT	06001
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
7/10/23	K	250	250		
Name of Purchaser				Purchase Made By:	
Milford Surgery Center Holdings, LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City	State	Zip Code
100 Avon Meadow Lane			Avon	CT	06001
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
7/10/23	K	250	250		
Name of Purchaser				Purchase Made By:	
SCSC Holdings, LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City	State	Zip Code
100 Avon Meadow Lane			Avon	CT	06001
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
7/10/23	K	250	250		
Name of Purchaser				Purchase Made By:	
Connecticut Marine Trades Association, Inc.				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City	State	Zip Code
20 Plains Road			Essex	CT	06426
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
7/28/23	K	250	250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				0	
TOTAL of additional Section L3 Pages				0	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				1250	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Martin Kenny			7/14/23		<input checked="" type="radio"/> Check #114 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
8 Belhaven		Cromwell		CT	06416
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB			I		1086.26
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
John Fonfara			7/10/23		<input checked="" type="radio"/> Check #112 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
99 Montowese St		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB			J		341.93
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Luna Entertainment Productions, LLC			7/14/23		<input checked="" type="radio"/> Check #113 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
17 Chapin Place		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
A-OTH					800.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Threshold Group, Inc.			7/12/23		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
11 E 44th St Fl 3		New York		NY	10017
Purpose of Expenditure (by code)	Description		Event #		Amount
A-WEB	Digital Advertising				10,009.66
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			12,237.85		
TOTAL of additional Section P Pages			286,312.82		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			298,550.67		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Threshold Group Inc.		Jul 20, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State Zip Code
11 E 44th St Fl 3		New York	NY 10017
Purpose of Expenditure (by code)	Description	Event #	Amount
A-TV			120,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Webster Bank		Jul 20, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State Zip Code
5 Coles Rd		Cromwell	CT 06416
Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	wire fee		35.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Tyler Hogan		Jul 21, 2023	<input checked="" type="radio"/> Check #115 _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
2100 S 12th St, Apt 307		Bismarck	ND 58504
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT			4,250.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Merice Bryan		Jul 25, 2023	<input checked="" type="radio"/> Check #116 _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
208 King Philips Dr		West Hartford	CT 06117
Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Office Space		1,500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			125,785.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Threshold Group Inc.		Jul 28, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
11 E 44th St Fl 3		New York	NY	10017
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-OTH	Advertising Types including Digital, Print & Signs		12,591.15	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Evelyn Dukes		Aug 4, 2023	<input checked="" type="radio"/> Check #117 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
448 Prospect Ave		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	Petition		130.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Antonio Kolthoff		Aug 4, 2023	<input checked="" type="radio"/> Check #118 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
59 Natick St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	Petition		210.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Lilliam Maldonado		Aug 4, 2023	<input checked="" type="radio"/> Check #119 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
128 Dart St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	Petition		115.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			13,046.15	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Aida Perez	Date of Payment Aug 4, 2023	Method of Payment: <input checked="" type="radio"/> Check #120 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 80 Charter Oak Ave #601	City Hartford	State Zip Code CT 06106

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 15.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Robert Carmona	Date of Payment Aug 4, 2023	Method of Payment: <input checked="" type="radio"/> Check #121 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 845 Capital Ave	City Hartford	State Zip Code CT 06106

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 25.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Carlos A. Calderon-Gomez	Date of Payment Aug 4, 2023	Method of Payment: <input checked="" type="radio"/> Check #122 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 89 Napper Lane	City Hartford	State Zip Code CT 06112

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 105.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Threshold Group Inc.	Date of Payment Aug 15, 2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 11 E 44th St Fl 3	City New York	State Zip Code NY 10017

Purpose of Expenditure (by code) A-WEB	Description Digital advertising	Event #	Amount 10,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page	10,145.00
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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Tyler Hogan		Date of Payment Aug 15, 2023	Method of Payment: <input checked="" type="radio"/> Check #123 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 2100 S. 12th St, Apt 307		City Bismarck		State ND
				Zip Code 58504

Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount 1,700.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee Bridgette Prince		Date of Payment Aug 17, 2023	Method of Payment: <input checked="" type="radio"/> Check #124 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 225 Lancaster Rd		City Glastonbury		State CT
				Zip Code 06033

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount 1,000.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee John A. Lopez		Date of Payment Aug 17, 2023	Method of Payment: <input checked="" type="radio"/> Check #125 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 14 Rose St		City Stamford		State CT
				Zip Code 06906

Purpose of Expenditure (by code) A-OTH	Description T-shirts	Event #	Amount 1,431.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee Service Press		Date of Payment Aug 18, 2023	Method of Payment: <input checked="" type="radio"/> Check #126 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 105 Day St		City Newington		State CT
				Zip Code 06111

Purpose of Expenditure (by code) A-SIGN	Description Lawn signs	Event #	Amount 2,419.46
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P — This Page	6,550.46
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Threshold Group Inc.		Date of Payment Aug 21, 2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address 11 E 44th St Fl 3		City New York	State NY	Zip Code 10017

Purpose of Expenditure (by code) A-DM	Description	Event #	Amount
			10,856.19
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee Latoya Thompson		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check # 127 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 88 Cabot St		City Hartford	State CT	Zip Code 06112

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount
			135.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee Jacqueline Kerr		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check # 128 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 29 Annawan St		City Hartford	State CT	Zip Code 06114

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount
			185.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee Pawan Agrawal		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check # 129 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 110 Fennbrook Rd		City West Hartford	State CT	Zip Code 06119

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount
			35.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P — This Page			11,211.19
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Fonfara for Hartford				7th day preceding primary	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Zoila Espinoza			Aug 21, 2023		<input checked="" type="radio"/> Check #131 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
45 Webster St A1		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	Petition				140.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Angel Morales			Aug 21, 2023		<input checked="" type="radio"/> Check #132 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
185 Brainard Rd		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	Petition				365.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Nia Petit			Aug 21, 2023		<input checked="" type="radio"/> Check #133 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
35 Pembroke St		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	Petition				100.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Tina Gaston			Aug 21, 2023		<input checked="" type="radio"/> Check #134 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
683 Garden St		West Hartford		CT	06120
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	Petition				60.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section P — This Page				665.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Linda Biggs		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #135 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 575 Farmington Ave		City Hartford	State CT Zip Code 06105
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 20.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Annie Reid		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #136 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 216 Blue Hills Ave		City Hartford	State CT Zip Code 06112
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 385.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Grafton Jones		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #137 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 594 Maple Ave		City Hartford	State CT Zip Code 06114
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 195.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee Benita Toussaint		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #139 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 45 Niles St		City Hartford	State CT Zip Code 06105
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 90.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
SUBTOTAL Section P — This Page		690.00	

NAME OF COMMITTEE: <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Roshona Chase		Aug 21, 2023	<input checked="" type="radio"/> Check #140 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
99 Kent St		Hartford	CT 06112
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Petition		25.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
William Morin		Aug 21, 2023	<input checked="" type="radio"/> Check #141 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
270 Fairfield Ave		Hartford	CT 06114
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Petition		60.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Anibal Carrero Jr.		Aug 21, 2023	<input checked="" type="radio"/> Check #142&177 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
142 Grant St		Hartford	CT 06106
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Petition		105.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Geraldine Shannon		Aug 21, 2023	<input checked="" type="radio"/> Check #145 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
591 West Blvd, Apt 407		Hartford	CT 06105
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Petition		55.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page		245.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Fonfara for Hartford				7th day preceding primary	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Lorenzo Nance			Aug 21, 2023		<input checked="" type="radio"/> Check #150 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
272 So. Marshall St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE	Petition			30.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Lisa Richardson			Aug 21, 2023		<input checked="" type="radio"/> Check #151 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
88 Cabot St		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE	Petition			20.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Manuel Castro			Aug 21, 2023		<input checked="" type="radio"/> Check #153 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
49 Dover Rd		Newington		CT	06111
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE	Petition			55.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Joseph Hamann			Aug 21, 2023		<input checked="" type="radio"/> Check #154 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
7 Allison Way		Rocky Hill		CT	06067
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE	Petition			80.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				185.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Jayvon Boyce		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #146 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 533 Blue Hills Ave		City Hartford	State CT	Zip Code 06112

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 30.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Calina Barnum		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #147 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 35 Owens St #102		City Hartford	State CT	Zip Code 06105

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 240.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Sadoc Ramos		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #148 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 156 Bloomfield Ave		City Windsor	State CT	Zip Code 06095

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 10.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Renetta Thomas		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #149 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 19 Williams St		City Hartford	State CT	Zip Code 06120

Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 15.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page			295.00
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Kay Ann McLaughlin		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #156 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 125 Edgewood St		City Hartford	State CT Zip Code 06112
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 55.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Janice Rossetti		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #158 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 108 Cromwell St		City Hartford	State CT Zip Code 06114
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 55.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee George Webb		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #159 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 221 Trumbull Ave #705		City Hartford	State CT Zip Code 06103
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 60.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Danya McDonald		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #160 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 29 Benham St, Unit C		City Bristol	State CT Zip Code 06010
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 35.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			205.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Guillermina Gonzalez		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #161 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 97 Amity St		City Hartford	State Zip Code CT 06106
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 1,905.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Ramon Arroyo		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #162 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 97 Amity St		City Hartford	State Zip Code CT 06106
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 335.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Evelyn Dukes		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #163 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 448 Prospect Ave		City Hartford	State Zip Code CT 06106
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 140.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Antonio Kolthoff		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #164 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 59 Natick St		City Hartford	State Zip Code CT 06106
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 95.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			2,475.00

NAME OF COMMITTEE: <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee David Morin		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #165 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 24 Park Place		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 260.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Elvis Tejada		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #166 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 47 Hamilton St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 350.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Nelky Maldonado		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #167 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 161 Bonner St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 365.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Aida Perez		Date of Payment Aug 21, 2023	Method of Payment: <input checked="" type="radio"/> Check #168 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 80 Charter Oak Ave #601		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description Petition	Event #	Amount 60.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

SUBTOTAL Section P — This Page 1,035.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Fonfara for Hartford				7th day preceding primary	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Roberto Carmona			Aug 21, 2023		<input checked="" type="radio"/> Check #169 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
845 Capital Ave		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE	Petition			90.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Carlos A. Calderon-Gomez			Aug 21, 2023		<input checked="" type="radio"/> Check #170 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
89 Napper Lane		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE	Petition			10.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Sandra Lozada			Aug 21, 2023		<input checked="" type="radio"/> Check #171 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
170 Sisson Ave #3-716		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE	Petition			260.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Drupatti D. Phulbas			Aug 21, 2023		<input checked="" type="radio"/> Check #172 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
49 Hazel St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE	Petition			75.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				435.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Patricia Torruella		Aug 21, 2023	<input checked="" type="radio"/> Check #173 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
24 Park Place		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	Petition		15.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Raul DeJesus Jr.		Aug 21, 2023	<input checked="" type="radio"/> Check #174 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
18 Carpenter St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	Petition		55.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Luis Almenas		Aug 21, 2023	<input checked="" type="radio"/> Check #175 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
16 Cleamont St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	Petition		105.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Raquel Calderon		Aug 21, 2023	<input checked="" type="radio"/> Check #176 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
163 Adelaide St		Hartford	CT	06114
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	Petition		1,260.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			1,435.00	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Julia Rameikas		Date of Payment Aug 22, 2023	Method of Payment: <input checked="" type="radio"/> Check #178 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 186 Oxford St		City Hartford	State CT	Zip Code 06105

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount 6,500.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Mary Alyson Pilagin		Date of Payment Aug 22, 2023	Method of Payment: <input checked="" type="radio"/> Check #179 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 99 Pratt St, Apt 418		City Hartford	State CT	Zip Code 06103

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount 4,500.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Service Press		Date of Payment Aug 23, 2023	Method of Payment: <input checked="" type="radio"/> Check #180 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 105 Day St		City Newington	State CT	Zip Code 06111

Purpose of Expenditure (by code) A-SIGN	Description	Event #	Amount 3,570.17
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Sadoc Ramos		Date of Payment Aug 25, 2023	Method of Payment: <input checked="" type="radio"/> Check #181 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 156 Bloomfield Ave		City Windsor	State CT	Zip Code 06095

Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount 438.75
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page		15,008.92
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee Keith Lee		Date of Payment Aug 25, 2023	Method of Payment: <input checked="" type="radio"/> Check # <u>182</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 408 Farmington Ave, Apt 304		City Hartford		State CT Zip Code 06105

Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount 187.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Zoila Espinoza		Date of Payment Aug 25, 2023	Method of Payment: <input checked="" type="radio"/> Check # <u>183</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 45 Webster St A1		City Hartford		State CT Zip Code 06114

Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount 120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Roshona Chase		Date of Payment Aug 25, 2023	Method of Payment: <input checked="" type="radio"/> Check # <u>184</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 99 Kent St		City Harford		State CT Zip Code 06112

Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount 22.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Valerie King		Date of Payment Aug 25, 2023	Method of Payment: <input checked="" type="radio"/> Check # <u>185</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 101 Kent St		City Windsor		State CT Zip Code 06112

Purpose of Expenditure (by code) WAGE	Description Canvassing	Event #	Amount 22.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page			352.50
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee Merice Bryan		Date of Payment Aug 28, 2023	Method of Payment: <input checked="" type="radio"/> Check # 186 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 208 King Philips Dr		City West Hartford	State CT
Zip Code 06117			
Purpose of Expenditure (by code) OVHD	Description Office space & utilities	Event #	Amount 1,791.86
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Threshold Group, Inc.		Date of Payment Aug 29, 2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 11 E 44th St Fl 3		City New York	State NY
Zip Code 10017			
Purpose of Expenditure (by code) A-DM	Description Print/Mail	Event #	Amount 6,557.38
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Threshold Group, Inc.		Date of Payment Aug 29, 2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 11 E 44th St Fl 3		City New York	State NY
Zip Code 10017			
Purpose of Expenditure (by code) A-DM	Description Includes Print/Mail & Other Printing	Event #	Amount 14,046.63
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Ramon Arroyo		Date of Payment Aug 29, 2023	Method of Payment: <input checked="" type="radio"/> Check # 187 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 97 Amity St		City Hartford	State CT
Zip Code 06106			
Purpose of Expenditure (by code) RMB	Description	Event #	Amount 896.96
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			23,292.83

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			7th day preceding primary	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Ivelisse Correa		Aug 29, 2023	<input checked="" type="radio"/> Check #188 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
45 Crown St		Hartford	CT	06114
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	PhoneBank		120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Leonor Mendez		Aug 29, 2023	<input checked="" type="radio"/> Check #189 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
25 Laurel St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	PhoneBank		135.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Juan Torres		Aug 29, 2023	<input checked="" type="radio"/> Check #190 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
338 Asylum St # 612		Hartford	CT	06103
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE	Canvassing		165.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Angel Morales		Aug 29, 2023	<input checked="" type="radio"/> Check #191 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
185 Brainard Rd		Hartford	CT	06114
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE			1,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			1,420.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Ramiro Marin		Aug 29, 2023	<input checked="" type="radio"/> Check # 192&193 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
63 Boardman Terrace		Wethersfield	CT 06109
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE			1,060.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Threshold Group, Inc.		Aug 29, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State Zip Code
11 E 44th St Fl 3		New York	NY 10017
Purpose of Expenditure (by code)	Description	Event #	Amount
A-TV			49,999.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Threshold Group, Inc.		Aug 31, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State Zip Code
11 E 44th St Fl 3		New York	NY 10017
Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	includes Digital advertising, Print/Mail, & Print		19,096.27
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Sadoc Ramos		Sep 1, 2023	<input checked="" type="radio"/> Check # 194 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
156 Bloomfield Ave		Windsor	CT 06095
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		333.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			70,489.02

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	7th day preceding primary

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:	
Zoila Espinoza	Sep 1, 2023	<input checked="" type="radio"/> Check #195 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code
45 Webster St A1	Hartford	CT	06114

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		337.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
Keith Lee	Sep 1, 2023	<input checked="" type="radio"/> Check #196 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code
408 Farmington Ave, Apt 304	Hartford	CT	06105

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		236.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
Roshona Chase	Sep 1, 2023	<input checked="" type="radio"/> Check #197 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code
99 Kent St	Hartford	CT	06112

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		18.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
Valerie King	Sep 1, 2023	<input checked="" type="radio"/> Check #198 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code
101 Kent St	Hartford	CT	06112

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		18.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page			611.25
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Rodjae Tahedil		Sep 1, 2023	<input checked="" type="radio"/> Check #199 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
12 Deerfield Ave		Hartford	CT 06112
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		67.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Deshown Sinclair		Sep 1, 2023	<input checked="" type="radio"/> Check #200 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
107 Oakland Terr		Hartford	CT 06112
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		48.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Lafrance Dillard		Sep 1, 2023	<input checked="" type="radio"/> Check #201 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
2423 Main St #4		Hartford	CT 06120
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		78.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Theodore Hall		Sep 1, 2023	<input checked="" type="radio"/> Check #202 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
42 Greenfield St		Hartford	CT 06112
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	Canvassing		56.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page		251.25	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			7th day preceding primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Sasha Bennett			Sep 1, 2023		<input checked="" type="radio"/> Check #203 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
88 Brittany Farms Rd, Apt 212		New Britain		CT	06053
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	Canvassing				41.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anedot			7/1/23-9/3/23		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
1340 Poydras Street Suite 1770		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description		Event #		Amount
*MISC	Fees				443.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
			Sep 1, 2023		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
			Sep 1, 2023		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			484.25		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			7th day preceding primary	
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?
Officer's Club of Connecticut			5/9/23	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
360 Broad St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
*FNDR	Restaurant/Food	J	341.93	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> 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	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> 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	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> 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	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> 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	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> 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	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
SUBTOTAL Section Q — This Page			341.93	
TOTAL of additional Section Q Pages			0	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			341.93	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			7th day preceding primary	
T. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant		First		MI
Kenny		Martin		
Date of Payment to Vendor, Person or Entity			5/8/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Salute			<input checked="" type="radio"/> Check #114 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
100 Trumbull St		Hartford		CT
Zip Code		06103		
Purpose of Expenditure (by code)	Description	Event #		Amount
*FNDR	Restaurant/Food	1		1086.26
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First		MI
Arroyo		Ramon		
Date of Payment to Vendor, Person or Entity			7/26/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Walmart			<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
495 Flatbush Ave		Hartford		CT
Zip Code		06106		
Purpose of Expenditure (by code)	Description	Event #		Amount
OFFICE				195.43
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First		MI
Arroyo		Ramon		
Date of Payment to Vendor, Person or Entity			7/28/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Walmart			<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
495 Flatbush Ave		Harford		CT
Zip Code		06106		
Purpose of Expenditure (by code)	Description	Event #		Amount
FOOD				39.03
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section T — This Page			1320.72	
TOTAL of additional Section T Pages			662.50	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			1983.22	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			7th day preceding primary	
T. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant		First		MI
Arroyo		Ramon		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Tara Market LLC			<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
455 New Park Ave		Hartford		CT
Zip Code		Amount		
16016		50.00		
Purpose of Expenditure (by code)	Description	Event #		Amount
TRVL	Gas (Rogue)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First		MI
Arroyo		Ramon		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
FedEx			<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
544 Farmington Ave		Hartford		CT
Zip Code		Amount		
06105		4.85		
Purpose of Expenditure (by code)	Description	Event #		Amount
PRNT	Petitions Copies			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First		MI
Arroyo		Ramon		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
FedEx			<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
544 Farmington Ave		Hartford		CT
Zip Code		Amount		
06105		4.85		
Purpose of Expenditure (by code)	Description	Event #		Amount
PRNT	Petitions Copies			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section T — This Page		59.70		
TOTAL of additional Section T Pages		662.50		
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS		1983.22		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		7th day preceding primary	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Arroyo	Ramon		8/2/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Teddys Gulf		<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1127 Capitol Ave	Hartford	CT	16106
Purpose of Expenditure (by code)	Description	Event #	Amount
TRVL	Gas (Rogue)		50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Arroyo	Ramon		8/6/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Teddys Gulf		<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1127 Capitol Ave	Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount
TRVL	Gas (Pathfinder)		50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Arroyo	Ramon		8/7/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Walmart		<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
495 Flatbush Ave	Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE			4.79
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section T — This Page		104.79	
TOTAL of additional Section T Pages		662.50	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS		1983.22	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Fonfara for Hartford	TYPE OF REPORT 7th day preceding primary
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T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 8/8/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 495 Flatbush Ave	City Hartford	State CT	Zip Code 16106
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Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount 153.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 8/13
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Teddys Gulf	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1127 Capitol Ave	City Hartford	State CT	Zip Code 06106
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Purpose of Expenditure (by code) TRVL	Description Gas (Rogue)	Event #	Amount 53.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 8/14/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Teddys Gulf	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1127 Capitol Ave	City Hartford	State CT	Zip Code 06106
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Purpose of Expenditure (by code) TRVL	Description Gas (Pathfinder)	Event #	Amount 60.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section T — This Page	266.00
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TOTAL of additional Section T Pages	662.50
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TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	1983.22
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			7th day preceding primary	
T. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Arroyo		Ramon		8/15/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
T-Mobile			<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
63 Overlook Terrace		Hartford	CT	16106
Purpose of Expenditure (by code)	Description	Event #		Amount
A-PH-BNK	Phone			64.49
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Arroyo		Ramon		8/15/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Metro			<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
1200 Park St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #		Amount
A-PH-BNK	Phone			87.28
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Arroyo		Ramon		8/19/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Walmart			<input checked="" type="radio"/> Check #187 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
495 Flatbush Ave		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #		Amount
OFFICE	Envelopes, (and water, soda for office staff)			80.24
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section T — This Page				232.01
TOTAL of additional Section T Pages				662.50
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				1983.22