


SEEC FORM 20

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

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 STATE ELECTIONS ENFORCEMENT COMMISSION

COVER PAGE

1. NAME OF COMMITTEE			
Arunan for Hartford			
2. TREASURER NAME			
First	MI	Last	Suffix
Andrea		Comer	
3. TREASURER ADDRESS			
Street Address		City	State Zip Code
1 Linden Place		Hartford	CT 06106
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER
(mm/dd/yyyy)			<i>(if applicable)</i>
11/07/2023	Mayor		0
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Arunan		Arulampalam	
8. TYPE OF REPORT <i>(Check One Box)</i>			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input checked="" type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	_____
<input type="checkbox"/> 24 Hour Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		
<input type="checkbox"/> Primary	<input type="checkbox"/> Election		
9. PERIOD COVERED			
Beginning Date		Ending Date	
09/04/2023		thru 09/30/2023	
10. CERTIFICATION			
<p>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.</p>			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Thomas Gaudett PRINT NAME OF SIGNER	10/10/2023 DATE (mm/dd/yyyy)
<p><i>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.</i></p>			

SEEC FORM 20

**Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
COLUMN A	COLUMN B	Aggregate
This Period		
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	\$0
12. Balance on hand at the beginning of Reporting Period	\$56,315.49	
13. Contributions Received from Individuals (Sections A and B)	\$44,350	\$465,554
14. Receipts from Other Committees (Sections C1 and C2)	\$0	\$4,800
15. Other Monetary Receipts (Sections D through K)	\$0	\$0
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)	\$0	\$8,250
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$44,350	\$478,604
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$100,665.49	\$478,604
19. Expenses Paid by Committee (Section F)	\$53,778.31	\$431,716.82
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$46,887.18	\$46,887.18
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0	\$0
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	\$0
25b. + Interest and Penalties on Loan	\$0	\$0
25c. - Payments on Loan	\$0	\$0
25d. Total Outstanding Loan Amount	\$0	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0	\$0
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	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Cantor		Shari	G
Residential Street Address		City	State Zip Code
39 Colony Rd		West Hartford	CT 06117-2215
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
If yes, list Event #			
Method of contribution:	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate contributions
		09/13/2023	\$500.00
Last Name		First	M.I.
Florsheim		Ben	
Residential Street Address		City	State Zip Code
834 Bear Hill Rd		Middletown	CT 06457-5721
Principal Occupation		Name of Employer	
Mayor		City of Middletown	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
If yes, list Event #			
Method of contribution:	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate contributions
		09/30/2023	\$100.00
Last Name		First	M.I.
Yazbak		Peter	A
Residential Street Address		City	State Zip Code
119 Buckland St, Apt 10		Plantsville	CT 06479-1624
Principal Occupation		Name of Employer	
Communications		State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
If yes, list Event #			
Method of contribution:	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate contributions
		09/08/2023	\$100.00

SUBTOTAL Section B - This Page		\$700.00
TOTAL of Section B: Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$44,350.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arnan for Hartford	
TYPE OF REPORT		October 10 filing	
A: Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	

B. Itemized Contributions from Individuals			
Last Name		DUBOW	
First		BENJAMIN	
Residential Street Address		18 Elm St	
City		Hartford	
State		CT	
Zip Code		06106-1769	
Principal Occupation		Executive Director	
Name of Employer		Forge City Works	
Amount of Contribution		\$100.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/16/2023	
Aggregate contributions		\$100.00	
Last Name		Karnanathanan	
First		Ruth	
Residential Street Address		2046 Highland Oaks Dr	
City		Arcadia	
State		CA	
Zip Code		91006-1519	
Principal Occupation		Physician	
Name of Employer		Lakeside Medical group	
Amount of Contribution		\$200.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/04/2023	
Aggregate contributions		\$200.00	
Last Name		Cooper	
First		Alan	
Residential Street Address		14722 Weddington St	
City		Los Angeles	
State		CA	
Zip Code		90064	
Principal Occupation		Attorney	
Name of Employer		WAI, CONNOR & HAMIDZADEH, LLP	
Amount of Contribution		\$50.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/13/2023	
Aggregate contributions		\$50.00	

SUBTOTAL Section B - This Page		\$350.00	
TOTAL of Section B Pages		\$44,350.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$44,350.00	
(Enter total on Line 13, Column A of Summary Page)			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Dalena		Douglas	C
Residential Street Address		City	State Zip Code
100 Brace Road 100 Brace Rd		West Hartford	CT 06107
Principal Occupation		Name of Employer	
Attorney		State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	\$50.00
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/09/2023	\$50.00
Last Name		First	M.I.
Malcynsky		Jay	F
Residential Street Address		City	State Zip Code
25 Parkers Point Rd		Chester	CT 06412-1206
Principal Occupation		Name of Employer	
Attorney/Lobbyist		Gaffney Bennett & Associates	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	\$250.00
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/25/2023	\$250.00
Last Name		First	M.I.
Hoffman		Lee	
Residential Street Address		City	State Zip Code
1003 Windsor Ave		Windsor	CT 06095-3426
Principal Occupation		Name of Employer	
Attorney		Pullman and Comley	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	\$500.00
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2023	\$500.00

SUBTOTAL Section B - This Page		\$800.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arvan for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
B. Itemized Contributions from Individuals		Subtotal Section B	
Last Name Reynolds		First Lee	
Residential Street Address 71 Sycamore Rd		City West Hartford	
State CT		Zip Code 06117-2845	
Principal Occupation External Affairs		Name of Employer UConn	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/06/2023	
Amount of Contribution \$500.00		Aggregate contributions \$500.00	
Last Name Ritter		First Thomas	
Residential Street Address 68 Goodwin Cir		City Hartford	
State CT		Zip Code 06105-5205	
Principal Occupation Lawyer		Name of Employer Brown Rudnick	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/12/2023	
Amount of Contribution \$1,000.00		Aggregate contributions \$1,000.00	
Last Name Hillary		First Hillary	
Residential Street Address 168 Hendley Street 168 Hendley St		City Middletown	
State CT		Zip Code 06457	
Principal Occupation Lobbyist		Name of Employer RSG	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/06/2023	
Amount of Contribution \$200.00		Aggregate contributions \$200.00	

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$44,350.00
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)			Subtotal Section A \$0.00
B. Itemized Contributions from Individuals			
Last Name BUDD		First EDWARD M.I. H	
Residential Street Address 270 Chestnut Hill Rd		City Glastonbury	State CT Zip Code 06033-4153
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/09/2023	Aggregate contributions \$250.00
Last Name Casslar		First Marc M.I.	
Residential Street Address 8 Fox Chase Rd		City Bloomfield	State CT Zip Code 06002-2108
Principal Occupation Environmental Consultant		Name of Employer GeoQuest, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/27/2023	Aggregate contributions \$250.00
Last Name King		First Laiose M.I.	
Residential Street Address 14 East Ave		City Norwalk	State CT Zip Code 06851-3922
Principal Occupation Deputy Commissioner		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/21/2023	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
B. Itemized Contributions from Individuals		\$0.00	

Last Name		Julieson-Scopino	
First		Kelly	
Residential Street Address		47 Homestead Dr	
City		South Windsor	
State		CT	
Zip Code		06074-2212	
Principal Occupation			
Co-president			
Name of Employer			
The Governor's Prevention Partnership			

Amount of Contribution	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received		09/09/2023		
Aggregate contributions		\$200.00		

Last Name		Ellis	
First		William	
Residential Street Address		31 Pound Foolish Ln	
City		Glastonbury	
State		CT	
Zip Code		06033-4112	
Principal Occupation			
Retired			

Amount of Contribution	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received		09/29/2023		
Aggregate contributions		\$250.00		

Last Name		Rahman	
First		MD	
Residential Street Address		6 Penny Ln	
City		Manchester	
State		CT	
Zip Code		06040-6870	
Principal Occupation			
President			

Amount of Contribution	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Date Received		09/23/2023		
Aggregate contributions		\$1,000.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
B. Itemized Contributions from Individuals		\$0.00	
C. Total Contributions from Large Contributors - Received this Period ONLY (See instructions for definition of Large Contributor)		Subtotal Section B	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$44,350.00	
TOTAL OF SECTION B PAGES		\$44,350.00	
SUBTOTAL SECTION B - THIS PAGE		\$1,450.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$44,350.00	

(Enter total on Line 13, Column A of Summary Page)

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Anderson		First Arthur	M.I. T
Residential Street Address 221 Trumbull St, Apt 2705		City Hartford	State CT
Principal Occupation Executive		Name of Employer Imagineers, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 09/21/2023	Aggregate contributions \$1,000.00	
Last Name Manoranjana		First ranjan	M.I. A
Residential Street Address 3935 Tarrington Ln, OH43220		City Columbus	State OH
Principal Occupation CEO		Name of Employer GSC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 09/04/2023	Aggregate contributions \$250.00	
Last Name Lazowski		First Alan	M.I. B
Residential Street Address 1 Financial Plz		City Hartford	State CT
Principal Occupation Chairman and CEO		Name of Employer LAZ Parking	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 09/21/2023	Aggregate contributions \$1,000.00	

SUBTOTAL Section B - This Page		\$2,250.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arman for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)			
Subtotal Section A		\$0.00	
B. Itemized Contributions from Individuals			
Last Name			
Magbanae			
Residential Street Address		54 Goodwin Cir	
City		Hartford	
State		CT	
Zip Code		06105-5206	
Principal Occupation			
Retired			
Name of Employer			
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/13/2023	
Aggregate contributions		\$200.00	
Last Name			
Molley			
Residential Street Address		39 Canterbury Rd	
City		Hamden	
State		CT	
Zip Code		06514-2016	
Principal Occupation			
Consultant			
Name of Employer			
Molley Consulting			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/15/2023	
Aggregate contributions		\$500.00	
Last Name			
Reilly			
Residential Street Address		1 Sandstone Rd	
City		Plainville	
State		CT	
Zip Code		06062-1570	
Principal Occupation			
Real Estate Manager			
Name of Employer			
Lexington Property Management, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/28/2023	
Aggregate contributions		\$1,000.00	
Amount of Contribution			
\$1,000.00			
Is this contribution associated with an event reported in Section I.1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
\$44,350.00			
TOTAL of Section B Pages			
\$44,350.00			
SUBTOTAL Section B - This Page			
\$1,700.00			
(Enter total on Line 13, Column A of Summary Page)			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Bortolan		First Lynn M.I.	
Residential Street Address 1411 Sunfield Drive 1411 Sunfield Dr		City South Windsor State CT Zip Code 06074	
Principal Occupation lawyer		Name of Employer Consoli Bortolan Law Group, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/27/2023	
		Aggregate contributions \$1,000.00	
Last Name Bortolan		First Lynn M.I.	
Residential Street Address 1411 Sunfield Drive 1411 Sunfield Dr		City South Windsor State CT Zip Code 06074	
Principal Occupation lawyer		Name of Employer Consoli Bortolan Law Group, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2023	
		Aggregate contributions \$1,000.00	
Last Name Consoli		First Scott M.I. P	
Residential Street Address 10 Tryon Farm Rd		City South Glastonbury State CT Zip Code 06073-2121	
Principal Occupation attorney		Name of Employer Consoli Bortolan Law Group, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/27/2023	
		Aggregate contributions \$1,000.00	

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arnan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name			
Consoli		Scott	
First		P	
Residential Street Address			
10 Tryon Farm Rd		South Glastonbury	
City			
State		Zip Code	
CT		06073-2121	
Principal Occupation			
attorney			
Name of Employer			
Consoli Borolan Law Group, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Is this contribution associated with an event reported in Section 1.17?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
If yes, list event #			
Method of contribution:			
Cash <input type="checkbox"/>		Personal Check <input checked="" type="checkbox"/>	
Credit/Debit Card <input type="checkbox"/>		Payroll Deduction <input type="checkbox"/>	
Money Order <input type="checkbox"/>		Date Received	
		09/28/2023	
Aggregate contributions			
\$900.00			
Amount of Contribution			
Last Name			
Quinn		Joe	
First		MT	
Residential Street Address			
1173 Farmington Avenue		West Hartford	
City			
State			
CT		Zip Code	
06107			
Principal Occupation			
Lawyer			
Name of Employer			
State of CT, OLM, Senate Democrats			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Is this contribution associated with an event reported in Section 1.17?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
If yes, list event #			
Method of contribution:			
Cash <input type="checkbox"/>		Personal Check <input checked="" type="checkbox"/>	
Credit/Debit Card <input type="checkbox"/>		Payroll Deduction <input type="checkbox"/>	
Money Order <input type="checkbox"/>		Date Received	
		09/13/2023	
Aggregate contributions			
\$25.00			
Amount of Contribution			
Last Name			
Cantor		Michael	
First		A	
Residential Street Address			
39 Colony Rd		West Hartford	
City			
State			
CT		Zip Code	
06117-2215			
Principal Occupation			
Attorney			
Name of Employer			
Cantorcolburn			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Is this contribution associated with an event reported in Section 1.17?			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
If yes, list event #			
Method of contribution:			
Cash <input type="checkbox"/>		Personal Check <input checked="" type="checkbox"/>	
Credit/Debit Card <input type="checkbox"/>		Payroll Deduction <input type="checkbox"/>	
Money Order <input type="checkbox"/>		Date Received	
		09/13/2023	
Aggregate contributions			
\$500.00			
Amount of Contribution			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(\$44,350.00)			
TOTAL OF Section B Pages			
(\$44,350.00)			
SUBTOTAL Section B - This Page			
(\$1,425.00)			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(\$44,350.00)			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(\$44,350.00)			

(Enter total on Line 13, Column A of Summary Page)

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Frank		Monte	
Residential Street Address		City	
517 Boston Neck Rd 517 Boston Neck Rd		Suffield	
State		Zip Code	
CT		06078	
Principal Occupation		Name of Employer	
Attorney		Pullman & Comley, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/14/2023	
		Aggregate contributions	
		\$250.00	
Last Name		First	
Morris		Rebecca	
Residential Street Address		City	
25 Capitol Ave		Hartford	
State		Zip Code	
CT		06106-1707	
Principal Occupation		Name of Employer	
Business School Dean		Westfield State University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/14/2023	
		Aggregate contributions	
		\$100.00	
Last Name		First	
Brandon		John	
Residential Street Address		City	
37 Pinnacle Mountain Rd		Simsbury	
State		Zip Code	
CT		06070-1808	
Principal Occupation		Name of Employer	
Court Reporter		Branddon Legal Tech	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/19/2023	
		Aggregate contributions	
		\$1,000.00	

SUBTOTAL Section B - This Page		\$1,350.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Arnan for Hartford
TYPE OF REPORT October 10 filing
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)
 Subtotal Section A \$0.00
B. Itemized Contributions from Individuals

Last Name Mildred
First Mildred
Residential Street Address 67 Kenyon St
City Hartford
State CT
Zip Code 06105-2506
Principal Occupation Retired
Name of Employer Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No
If contributor does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No
Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order
Date Received 09/20/2023
Aggregate contributions \$50.00

Last Name Unfried
First Douglas
Residential Street Address 67 Kenyon St
City Hartford
State CT
Zip Code 06105-2506
Principal Occupation Retired
Name of Employer Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No
If contributor does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No
Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order
Date Received 09/20/2023
Aggregate contributions \$50.00

Last Name Cohen
First Doug
Residential Street Address 176 Kenyon St
City Hartford
State CT
Zip Code 06105-2238
Principal Occupation Attorney
Name of Employer Brown Rudnick

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No
If contributor does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No
Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order
Date Received 09/21/2023
Aggregate contributions \$250.00

SUBTOTAL Section B - This Page \$350.00
TOTAL of Section B Pages \$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$44,350.00
 (Enter total on Line 13, Column A of Summary Page)

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Guglielmotti		First Vincent	
Residential Street Address 14 Sturbridge Dr		City Upper Saddle River	
Principal Occupation CEO/Partner		Name of Employer Brown Rudnick LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/21/2023	Aggregate contributions \$1,000.00
Last Name Strehle		First Andrew	
Residential Street Address 231 Leavitt St		City Hingham	
Principal Occupation Lawyer		Name of Employer Brown Rudnick LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/21/2023	Aggregate contributions \$1,000.00
Last Name Wasserman		First Steven	
Residential Street Address 120 E 81St 5H 120 East St, 5H		City New York	
Principal Occupation Attorney		Name of Employer Brown Rudnick LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/22/2023	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page		\$3,000.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received (this Period ONLY)		Subtotal Section A	
(See instructions for definition of Small Contributor)		\$0.00	
B. Itemized Contributions from Individuals			
Last Name	First	City	State
Baldiga	William	Groton	CT
Residential Street Address		City	State
370 W Shore Ave		Groton	CT
Principal Occupation		Name of Employer	Zip Code
Lawyer		Brown Rudnick LLP	06340-8843
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If contribution is associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order Date Received: 09/24/2023 Aggregate contributions: \$500.00			
Last Name		First	State
Cutter		Edward	J
Residential Street Address		City	State
21 Clay Creek Dr		Suffield	CT
Principal Occupation		Name of Employer	Zip Code
Architect		Tecan Architects	06078-1247
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If contribution is associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order Date Received: 09/25/2023 Aggregate contributions: \$500.00			
Last Name		First	State
Johnson			MT
Residential Street Address		City	State
275 Oxford St		Hartford	CT
Principal Occupation		Name of Employer	Zip Code
Retired		Retired	06105-2249
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If contribution is associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order Date Received: 09/25/2023 Aggregate contributions: \$250.00			
Amount of Contribution			
\$250.00			
SUBTOTAL Section B - This Page \$1,250.00 TOTAL of Section B Pages \$44,350.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$44,350.00 (Enter total on Line 13, Column A of Summary Page)			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Jonas		First Jeffrey	
Residential Street Address 1930 Broadway, Apt 30D		City New York	
Principal Occupation Attorney		Name of Employer Brown Rudnick LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/26/2023	Aggregate contributions \$500.00
Last Name Davey		First Jane	
Residential Street Address 1324 Asylum Avenue 1324 Asylum Ave		City Hartford	
Principal Occupation Real Estate Investments		Name of Employer LAZ Investments	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/26/2023	Aggregate contributions \$250.00
Last Name Lazowski		First Jonah	
Residential Street Address 170 Scarborough St		City Hartford	
Principal Occupation Self Employed		Name of Employer A Lot Media	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/26/2023	Aggregate contributions \$1,000.00

SUBTOTAL Section B - This Page		\$1,750.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arnan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)			
Subtotal Section A		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Jarmoc		Karen	
Residential Street Address		City	
25 Lake Dr		Somers	
State		Zip Code	
CT		06071-2167	
Principal Occupation		Name of Employer	
Chief Sustainability Director		The Allstate Corporation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section E.1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/26/2023	
Aggregate contributions		\$100.00	
Amount of Contribution		\$100.00	
Last Name		First	
Kuziak		Michael	
Residential Street Address		City	
315 Estuary Dr		Vero Beach	
State		Zip Code	
FL		32963-6204	
Principal Occupation		Name of Employer	
COO		LAZ Parking	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section E.1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/27/2023	
Aggregate contributions		\$1,000.00	
Amount of Contribution		\$1,000.00	
Last Name		First	
Carter		James	
Residential Street Address		City	
203 Tunxis Rd		West Hartford	
State		Zip Code	
CT		06107-3201	
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section E.1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/27/2023	
Aggregate contributions		\$1,000.00	
Amount of Contribution		\$1,000.00	

\$2,100.00	SUBTOTAL Section B - This Page
\$44,350.00	TOTAL of Section B Pages
\$44,350.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Kaufman		First John	
Residential Street Address 31 Hatheway Dr		City West Hartford	State CT
		Zip Code 06107-1151	
Principal Occupation Insurance		Name of Employer WDK Benefits, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/27/2023	Aggregate contributions \$1,000.00
Last Name Koff		First Robert	
Residential Street Address 29 Westledge Road 29 Westledge Rd		City West Simsbury	State CT
		Zip Code 06092	
Principal Occupation Real estate		Name of Employer KWK Management, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/27/2023	Aggregate contributions \$500.00
Last Name Koff		First Robert	
Residential Street Address 29 Westledge Road 29 Westledge Rd		City West Simsbury	State CT
		Zip Code 06092	
Principal Occupation Real estate		Name of Employer KWK Management, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/06/2023	Aggregate contributions \$500.00

SUBTOTAL Section B - This Page		\$1,500.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
B. Itemized Contributions from Individuals			
Last Name		Grant	
First		Anthony	
Residential Street Address		38 Stanwood St	
City		Hartford	
State		CT	
Zip Code		06106-4137	
Principal Occupation		Finance	
Name of Employer		Anthony Grant	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Other	
Method of contribution:		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/28/2023	
Aggregate contributions		\$250.00	
Amount of Contribution		\$250.00	
Last Name		Marzi	
First		James	
Residential Street Address		88 Pratt Rd	
City		Clinton	
State		CT	
Zip Code		06413-2621	
Principal Occupation		Operating Partner	
Name of Employer		Laz Parking	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Other	
Method of contribution:		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/28/2023	
Aggregate contributions		\$1,000.00	
Amount of Contribution		\$1,000.00	
Last Name		Beck	
First		John	
Residential Street Address		464 S River Rd	
City		Tolland	
State		CT	
Zip Code		06084-4042	
Principal Occupation		Attorney	
Name of Employer		Siegel, O'Connor, O'Donnell & Beck	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Other	
Method of contribution:		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/28/2023	
Aggregate contributions		\$1,000.00	
Amount of Contribution		\$1,000.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$44,350.00	
TOTAL of Section B Pages		\$44,350.00	
SUBTOTAL Section B - This Page		\$2,250.00	
		(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	M.I.
Roisman		Peter	
Residential Street Address		City	State Zip Code
35 Ave Munoz Rivera, Apt 1903		San Juan	PR 00901-2456
Principal Occupation		Name of Employer	
Real Estate Exec		Roisman	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/28/2023	\$1,000.00
Last Name		First	M.I.
Rappoccio		Peter	
Residential Street Address		City	State Zip Code
78 Metacomet Vw		Southington	CT 06489-3886
Principal Occupation		Name of Employer	
President		Sign Pro Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/28/2023	\$1,000.00
Last Name		First	M.I.
Pope		Sharon	
Residential Street Address		City	State Zip Code
1326 Asylum Ave		Hartford	CT 06105-6001
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/28/2023	\$250.00

SUBTOTAL Section B - This Page		\$2,250.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Depository)		TYPE OF REPORT	
Arman for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			
Subtotal Section A		\$0.00	
B. Itemized Contributions from Individuals			
Last Name			
Clark			
Residential Street Address			
73 Carriage Dr			
City			
Avon			
State			
CT			
Zip Code			
06001-2309			
Name of Employer			
Risk Strategies Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Amount of Contribution			
\$250.00			
Is this contribution associated with an event reported in Section L1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Other			
Date Received			
09/28/2023			
Method of contribution:			
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Aggregate contributions			
\$250.00			
Last Name			
Rabinowitz			
Residential Street Address			
1169 47th St			
City			
Brooklyn			
State			
NY			
Zip Code			
11219-2580			
Name of Employer			
Yisroel Rabinowitz			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Amount of Contribution			
\$1,000.00			
Is this contribution associated with an event reported in Section L1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Other			
Date Received			
09/28/2023			
Method of contribution:			
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Aggregate contributions			
\$1,000.00			
Last Name			
Rabinowitz			
Residential Street Address			
1169 47th St			
City			
Brooklyn			
State			
NY			
Zip Code			
11219-2580			
Name of Employer			
Yisroel Rabinowitz			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Amount of Contribution			
\$1,000.00			
Is this contribution associated with an event reported in Section L1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Other			
Date Received			
09/28/2023			
Method of contribution:			
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Aggregate contributions			
\$1,000.00			
Last Name			
Young			
Residential Street Address			
5 Font Hill Park			
City			
Bloomfield			
State			
CT			
Zip Code			
06002-2139			
Name of Employer			
Avison Young			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Amount of Contribution			
\$500.00			
Is this contribution associated with an event reported in Section L1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Other			
Date Received			
09/28/2023			
Method of contribution:			
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Aggregate contributions			
\$500.00			

\$1,750.00	SUBTOTAL Section B - This Page
\$44,350.00	TOTAL of Section B Pages
\$44,350.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
<i>(Enter total on Line 13, Column A of Summary Page)</i>	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Simons		First Bruce M.I.	
Residential Street Address 3 Squirrel Hill Rd		City West Hartford State CT Zip Code 06107-1004	
Principal Occupation Real Estate		Name of Employer Figure Eight Properties	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2023 Aggregate contributions \$1,000.00	
Last Name Silverstein		First Jamie M.I.	
Residential Street Address 35 Westwood Rd		City West Hartford State CT Zip Code 06117-2253	
Principal Occupation Chairman and CEO		Name of Employer Page 4 Media	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2023 Aggregate contributions \$1,000.00	
Last Name Mack		First David M.I.	
Residential Street Address 321 N Main St		City Suffield State CT Zip Code 06078-1828	
Principal Occupation Attorney		Name of Employer Hartford HealthCare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2023 Aggregate contributions \$500.00	

SUBTOTAL Section B - This Page		\$2,500.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
B. Itemized Contributions from Individuals		\$0.00	
Reck			
Last Name		Joel	
First		M	
Residential Street Address		Wayland	
City		MA	
State		01778	
Zip Code		None	
Principal Occupation		Retired	
Name of Employer		None	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/28/2023	
Aggregate contributions		\$250.00	
Amount of Contribution		\$250.00	
Lounsbury			
Last Name		John	
First		ML	
Residential Street Address		Plainville	
City		CT	
State		06062-2247	
Zip Code		Unemployed	
Name of Employer		Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/28/2023	
Aggregate contributions		\$250.00	
Amount of Contribution		\$250.00	
Roy			
Last Name		Melissa	
First		ML	
Residential Street Address		Glastonbury	
City		CT	
State		06033-1224	
Zip Code		Associate	
Name of Employer		Tecton Architects	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/28/2023	
Aggregate contributions		\$75.00	
Amount of Contribution		\$75.00	
Is this contribution associated with an event reported in Section 1.1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list event #			
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/28/2023	
Aggregate contributions		\$75.00	
Amount of Contribution		\$75.00	
SUBTOTAL Section B - This Page		\$575.00	
TOTAL of Section B Pages		\$44,350.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$44,350.00	
[Enter total on Line 13, Column A of Summary Page]			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Ostop		First christopher M.I. J	
Residential Street Address 81 Stoner Dr		City West Hartford State CT Zip Code 06107-1326	
Principal Occupation Commercial real estate broker		Name of Employer JLL	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2023 Aggregate contributions \$250.00	
Last Name Patel		First Bimal M.I.	
Residential Street Address 31 Waterside Ln		City West Hartford State CT Zip Code 06107-3523	
Principal Occupation President		Name of Employer Hartford Healthcare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2023 Aggregate contributions \$250.00	
Last Name Simons		First Harris M.I.	
Residential Street Address 433 S Main St, Ste 112		City West Hartford State CT Zip Code 06110-2816	
Principal Occupation Real Estate		Name of Employer FA Properties	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2023 Aggregate contributions \$1,000.00	

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section B Pages	\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received This Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
B. Itemized Contributions from Individuals		\$0.00	

Last Name		Seidenfeld	
Residential Street Address		1382 Laura Ct	
City		Lakewood	
State		NJ	
Zip Code		08701-2222	
Principal Occupation		COO	
Name of Employer		Shelbourne	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/28/2023	
Aggregate contributions		\$1,000.00	

Last Name		Fleming-Butler	
Residential Street Address		141 Ridgefield St	
City		Hartford	
State		CT	
Zip Code		06112-1837	
Principal Occupation		Lobbyist	
Name of Employer		Strategic Outreach Solutions	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/28/2023	
Aggregate contributions		\$250.00	

Last Name		Struck	
Residential Street Address		7 McMillen Way	
City		Narragansett	
State		RI	
Zip Code		02882-2624	
Principal Occupation		Retired	
Name of Employer		Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No	
Method of contribution:		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received		09/28/2023	
Aggregate contributions		\$1,000.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received This Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
B. Itemized Contributions from Individuals		\$0.00	
C. Total Contributions from Individuals (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$44,350.00	
SUBTOTAL Section B - This Page		\$2,250.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name THOMPSON		First ANGELLA	M.I.
Residential Street Address 11 Woodduck Farms Rd 11 Woodduck Farms Rd		City Windsor	State CT Zip Code 06095
Principal Occupation CFO		Name of Employer SELF	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2023	Aggregate contributions \$200.00
Last Name Pinkes		First Andrew	M.I.
Residential Street Address 29 Fawn Brk		City West Hartford	State CT Zip Code 06117-1032
Principal Occupation Insurance Executive		Name of Employer R & Q Solutions LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2023	Aggregate contributions \$250.00
Last Name Barnes		First Thomas	M.I. o
Residential Street Address 111 Tunxis Village 123 Main St		City Farmington	State CT Zip Code 06032
Principal Occupation Chair of the Board		Name of Employer Barnes Group Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/29/2023	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Depository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			
Subtotal Section A		\$0.00	
B. Itemized Contributions from Individuals			
Last Name	First	City	State
Forrester	Robert	Avon	CT
Residential Street Address		City	State
143 Deercliff Rd		Avon	CT
Zip Code		06001-2852	
Principal Occupation			
Retired			
Name of Employer			
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Date Received			
09/29/2023			
Aggregate contributions			
\$500.00			
Amount of Contribution			
Last Name			
Ryan			
Residential Street Address		City	State
1 Franklyn St, Unit 2612		Boston	MA
Zip Code		02110-1185	
Principal Occupation			
Retired			
Name of Employer			
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Date Received			
09/30/2023			
Aggregate contributions			
\$250.00			
Amount of Contribution			
Last Name		First	
Andrzkiewicz		Kamil	
Residential Street Address		City	State
14 Stakey Farm Rd		Southington	CT
Zip Code		06489-2847	
Principal Occupation			
Broker			
Name of Employer			
New Haus Group LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Date Received			
09/04/2023			
Aggregate contributions			
\$25.00			
Amount of Contribution			
Is this contribution associated with an event reported in Section L1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #			
Is this contribution associated with an event reported in Section L1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Date Received			
09/04/2023			
Aggregate contributions			
\$25.00			
Amount of Contribution			
SUBTOTAL Section B - This Page			
\$775.00			
TOTAL of Section B Pages			
\$44,350.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
\$44,350.00			
[Enter total on Line 13, Column A of Summary Page]			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Toczydlowski		First Greg	
Residential Street Address 1 Tower Sq, # CR13		City Hartford	State CT
Principal Occupation Executive		Name of Employer Travelers	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/05/2023	Aggregate contributions \$1,000.00
Last Name Testone		First Marjorie	
Residential Street Address 65 Jolley Dr, Apt 316		City Bloomfield	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/05/2023	Aggregate contributions \$100.00
Last Name Dawson		First Sandra	
Residential Street Address 40 Shugrue Rd		City Colchester	State CT
Principal Occupation Attorney		Name of Employer Pullman & Comley, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section I.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/06/2023	Aggregate contributions \$500.00

SUBTOTAL Section B - This Page		\$1,600.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY			
(See instructions for definition of Small Contributor)			
Subtotal Section A		\$0.00	
B. Itemized Contributions from Individuals			
Last Name			
Glassman			
Residential Street Address			
40 Pinnacle Mountain Rd 40 Pinnacle Mountain Rd			
City			
Simsbury			
State			
CT			
Zip Code			
06070			
Name of Employer			
Pullman and Comley LLC			
Principal Occupation			
Attorney			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Amount of Contribution			
\$500.00			
Is this contribution associated with an event reported in Section I.1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list event #			
Method of contribution:			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Date Received			
09/06/2023			
Aggregate contributions			
\$500.00			
Last Name			
Zambello			
Residential Street Address			
72 Village Dr # 314314			
City			
Wethersfield			
State			
CT			
Zip Code			
06109-4628			
Name of Employer			
Connecticut House Democrats			
Principal Occupation			
Policy Analyst			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Amount of Contribution			
\$50.00			
Is this contribution associated with an event reported in Section I.1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list event #			
Method of contribution:			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Date Received			
09/06/2023			
Aggregate contributions			
\$50.00			
Last Name			
Andreana			
Residential Street Address			
40 Morningside Dr			
City			
Wethersfield			
State			
CT			
Zip Code			
06089-7956			
Name of Employer			
Pullman & Comley			
Principal Occupation			
Attorney			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Amount of Contribution			
\$500.00			
Is this contribution associated with an event reported in Section I.1?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list event #			
Method of contribution:			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Date Received			
09/06/2023			
Aggregate contributions			
\$500.00			

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	\$44,350.00
(Enter total on Line 13, Column A of Summary Page)	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)			Subtotal Section A \$0.00
B. Itemized Contributions from Individuals			
Last Name		First	
Holzberg		Robert	
Residential Street Address		City	State Zip Code
192 Coleman Rd		Middletown	CT 06457-5065
Principal Occupation		Name of Employer	
Attorney		Pullman & Comley LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2023	\$350.00
Last Name		First	
Gray		Charles	
Residential Street Address		City	State Zip Code
25 Scarborough St		Hartford	CT 06105-1106
Principal Occupation		Name of Employer	
CRO		Paytronix	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2023	\$500.00
Last Name		First	
Rybacki		Glenn	
Residential Street Address		City	State Zip Code
789 Mount Carmel Ave		North Haven	CT 06473-1016
Principal Occupation		Name of Employer	
Attorney		Pullman & Comley, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/07/2023	\$250.00

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received This Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
B. Itemized Contributions from Individuals			
Last Name		William	
First Name		William	
Residential Street Address		57 Far Hills Dr	
City		Avon	
State		CT	
Zip Code		06001-2877	
Principal Occupation		Chase Enterprises	
Name of Employer		Chase Enterprises	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/07/2023	
Aggregate contributions		\$1,000.00	
Last Name		Brad	
First Name		Brad	
Residential Street Address		14 Pine Hollow Rd	
City		North Branford	
State		CT	
Zip Code		06471-1827	
Principal Occupation		Project Manager	
Name of Employer		Downes Construction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/07/2023	
Aggregate contributions		\$100.00	
Last Name		David	
First Name		David	
Residential Street Address		3 Arlington Rd	
City		West Hartford	
State		CT	
Zip Code		06107-1645	
Principal Occupation		Healthcare Administration	
Name of Employer		Trinity Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/08/2023	
Aggregate contributions		\$200.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received This Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
B. Itemized Contributions from Individuals			
Last Name		William	
First Name		William	
Residential Street Address		57 Far Hills Dr	
City		Avon	
State		CT	
Zip Code		06001-2877	
Principal Occupation		Chase Enterprises	
Name of Employer		Chase Enterprises	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/08/2023	
Aggregate contributions		\$200.00	
Last Name		David	
First Name		David	
Residential Street Address		3 Arlington Rd	
City		West Hartford	
State		CT	
Zip Code		06107-1645	
Principal Occupation		Healthcare Administration	
Name of Employer		Trinity Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/08/2023	
Aggregate contributions		\$200.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received This Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
B. Itemized Contributions from Individuals			
Last Name		William	
First Name		William	
Residential Street Address		57 Far Hills Dr	
City		Avon	
State		CT	
Zip Code		06001-2877	
Principal Occupation		Chase Enterprises	
Name of Employer		Chase Enterprises	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/08/2023	
Aggregate contributions		\$200.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arman for Hartford	
TYPE OF REPORT		October 10 filing	
A. Total Contributions from Small Contributors - Received This Period ONLY <i>(See instructions for definition of Small Contributor)</i>		Subtotal Section A	
B. Itemized Contributions from Individuals			
Last Name		William	
First Name		William	
Residential Street Address		57 Far Hills Dr	
City		Avon	
State		CT	
Zip Code		06001-2877	
Principal Occupation		Chase Enterprises	
Name of Employer		Chase Enterprises	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, indicate which branch or branches of government the contract is with:		Executive <input type="checkbox"/> Legislative <input type="checkbox"/>	
Method of contribution:		Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order <input type="checkbox"/>	
Date Received		09/08/2023	
Aggregate contributions		\$200.00	

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$44,350.00	
TOTAL of Section B Pages		\$44,350.00	
SUBTOTAL Section B - This Page		\$1,300.00	
<i>(Enter total on Line 13, Column A of Summary Page)</i>			

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Shearin		James	
M.I.		T	
Residential Street Address		City	
81 Taunton Hill Road 81 Taunton Hill Rd		Newtown	
State		Zip Code	
CT		06470	
Principal Occupation		Name of Employer	
Attorney		Pullman & Comley	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$500.00	
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2023	
		Aggregate contributions	
		\$500.00	
Last Name		First	
Kasaraneni		Sarika	
M.I.			
Residential Street Address		City	
1125 10th Ave N, Apt 502		Nashville	
State		Zip Code	
TN		37208-3389	
Principal Occupation		Name of Employer	
Business Strategist		Cigna	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$25.00	
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2023	
		Aggregate contributions	
		\$25.00	
Last Name		First	
Fichandler		Joseph	
M.I.		B	
Residential Street Address		City	
29 Fox Meadow Ln		West Hartford	
State		Zip Code	
CT		06107-1216	
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$1,000.00	
Is this contribution associated with an event reported in Section I.1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		09/08/2023	
		Aggregate contributions	
		\$1,000.00	

SUBTOTAL Section B - This Page		\$1,525.00
TOTAL of Section B Pages		\$44,350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)		\$44,350.00

I. MONETARY RECEIPTS (Sections A-K)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	
Arunan for Hartford	
TYPE OF REPORT	
October 10 filing	
Summary of Other Monetary Receipts (Sections D-K)	
Total Loans Received this Period (Section D)	\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	\$0.00

IV. EXPENDITURES (Sections P-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Arunan for Hartford	
TYPE OF REPORT		October 10 filing	

P. Expenses Paid by Committee			
Name of Payee	Date of Payment	Method of Payment	Amount
James Angelopoulos	09/15/2023	<input checked="" type="checkbox"/> Check # 1100 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	\$1,527.90
151 Bloomingdale Rd Quaker Hill City		State CT Zip Code 06375-1338	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)
Expenditure #	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee	Date of Payment	Method of Payment	Amount
Trudy Collier	09/15/2023	<input checked="" type="checkbox"/> Check # 1106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	\$639.00
41 Tower Ave, Apt K Hartford City		State CT Zip Code 06120-1044	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)
Expenditure #	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee	Date of Payment	Method of Payment	Amount
Cristian Corza	09/15/2023	<input checked="" type="checkbox"/> Check # 1099 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	\$2,250.00
1 Linden Pl, Apt 206 Hartford City		State CT Zip Code 06106-1744	
Purpose of Expenditure (by code) CNSLT	Description	Event #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)
Expenditure #	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee	Date of Payment	Method of Payment	Amount
Day Campaign	09/30/2023	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	\$2,595.00
112 Bloomfield Ave Windsor City		State CT Zip Code 06095-2813	
Purpose of Expenditure (by code) MISC	Description	Event #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)
Expenditure #	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section P - This Page	\$7,011.90
TOTAL of Section P Pages	\$53,778.31
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$53,778.31

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Arunan for Hartford		October 10 filing	
P. Expenses Paid by Committee			
Name of Payee George DeLeon		Date of Payment 09/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 120 Tyler Way		City Bristol	State CT Zip Code 06010-9461
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,500.00
Name of Payee Deliver		Date of Payment 09/11/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address PO Box 100970		City Arlington	State VA Zip Code 22210-3970
Purpose of Expenditure (by code) A-DM	Description Mail	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$22,989.46
Name of Payee Deliver		Date of Payment 09/21/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address PO Box 100970		City Arlington	State VA Zip Code 22210-3970
Purpose of Expenditure (by code) A-DM	Description Mail	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$11,494.73
Name of Payee Emma Finnegan		Date of Payment 09/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 282 Peach Orchard Rd		City Waterbury	State CT Zip Code 06706-2834
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$900.00

SUBTOTAL Section P - This Page	\$36,884.19
TOTAL of Section P Pages	\$53,778.31
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$53,778.31

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Arunan for Hartford
 TYPE OF REPORT October 10 filing
 P. Expenses Paid by Committee

Name of Payee	Street Address	City	State	Zip Code	Name of Payee	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Event #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount	Name of Payee	Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Purpose of Expenditure (by code)	Event #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount															
Hartford Yard Goals	1214 Main St	Hartford	CT	06103-1229	Andrea E Hill	26 Judson St, # 3-A	Hartford	CT	06120-1814	MISC		<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	\$2,500.00	Sincere Lawson	41 Dean St	Hartford	CT	06114-1027	09/15/2023	<input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	CNSLT		<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	\$900.00	M&T Bank	345 Main St	Buffalo	NY	14203-2308	09/11/2023	<input checked="" type="checkbox"/> Check # 1101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	CNSLT		<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	\$1,500.00	Bank service charge		<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	\$89.40

SUBTOTAL Section P - This Page	\$4,989.40
TOTAL of Section P Pages	\$53,778.31
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$53,778.31

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Arunan for Hartford			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Sarah McCoy		Date of Payment 09/19/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 47 Ashley St		City Hartford	State CT	Zip Code 06105-1402
Purpose of Expenditure (by code) MISC	Description Photography	Event #	Amount \$250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee New Way Strategies		Date of Payment 09/17/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Avonwood Rd		City Avon	State CT	Zip Code 06001-2048
Purpose of Expenditure (by code) A-OTH	Description Texting	Event #	Amount \$357.84	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee New Way Strategies		Date of Payment 09/17/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Avonwood Rd		City Avon	State CT	Zip Code 06001-2048
Purpose of Expenditure (by code) A-OTH	Description Texting	Event #	Amount \$484.82	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Reach		Date of Payment 09/18/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 228 Park Ave S, Pmb 62		City New York	State NY	Zip Code 10003-1502
Purpose of Expenditure (by code) MISC	Description Software	Event #	Amount \$400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,492.66
TOTAL of Section P Pages	\$53,778.31
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$53,778.31

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT
 Arunan for Hartford October 10 filing

P. Expenses Paid by Committee

Name of Payee	Street Address	City	State	Zip Code	Date of Payment	Method of Payment	Name of Payee	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)	None of the below (does not involve another candidate or committee)	Coordinated with reimbursement sought (joint expenditure)	Coordinated without reimbursement sought (in-kind contribution)
Staples	500 Staples Dr	Framingham	MA	01702-4478	09/05/2023	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	Staples	500 Staples Dr	Framingham	MA	01702-4478	OFFICE	Office Supplies		\$62.96		<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee)	<input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)	<input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	
Staples	500 Staples Dr	Framingham	MA	01702-4478	09/11/2023	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	Staples	500 Staples Dr	Framingham	MA	01702-4478	OFFICE	Supplies		\$335.00		<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee)	<input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)	<input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	
Tees & More LLC		Hartford	CT	06114	09/05/2023	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	Tees & More LLC		Hartford	CT	06114	A-OTH	T-shirts		\$977.20		<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee)	<input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)	<input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	
Sheila Thomas	59 Elmer St, Fl 1	Hartford	CT	06120-2016	09/15/2023	<input checked="" type="checkbox"/> Check # 1108 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	Sheila Thomas	59 Elmer St, Fl 1	Hartford	CT	06120-2016	CNSLT			\$900.00		<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee)	<input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)	<input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	

SUBTOTAL Section P - This Page	\$2,275.16
TOTAL of Section P Pages	\$53,778.31
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$53,778.31

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Arunan for Hartford			October 10 filing	
P. Expenses Paid by Committee				
Name of Payee Sammy Vazquez		Date of Payment 09/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 1104 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 58 Hendricxsen Ave		City Hartford	State CT	Zip Code 06106-2810
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount \$900.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee WarChest		Date of Payment 09/18/2023	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4200 Wisconsin Ave NW		City Washington	State DC	Zip Code 20016-2143
Purpose of Expenditure (by code) MISC	Description Software	Event #	Amount \$225.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$1,125.00
TOTAL of Section P Pages	\$53,778.31
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$53,778.31