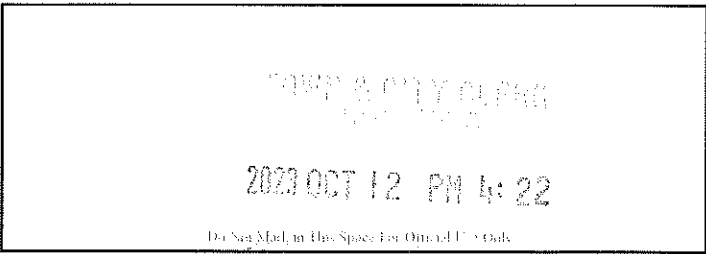
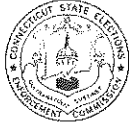


SEEC FORM 20

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



COVER PAGE

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

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Fonfara for Hartford	30 days following primary	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	99,949.36	
13. Contributions Received from Individuals (Sections A and B)	6,600	414,463
14. Receipts from Other Committees (Sections C1 and C2)	0	10,500
15. Other Monetary Receipts (Sections D through K)	0	500
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	11,750
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	6,600	437,213
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	106,549.36	437,213
19. Expenses Paid by Committee (Section P)	81,305.02	411,968.66
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	25,244.34	25,244.34
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	745
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	500
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	500
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	1097.75
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	18,750	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	18,750	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Fonfara for Hartford				30 days following primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 50	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Sandler		James			
Residential Street Address		City		State	Zip Code
800 Cottage Grove Rd, Suite 312		Bloomfield		CT	06002
Principal Occupation		Name of Employer			
attorney		Sandler and Mara			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/4/23	100		
Last Name		First		MI	
Carbone		Nick			
Residential Street Address		City		State	Zip Code
40 Birchcroft Rd		Canton		MA	02021
Principal Occupation		Name of Employer			
Editor		Aptara			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/6/23	100		
Last Name		First		MI	
Jacobowitz		Avi			
Residential Street Address		City		State	Zip Code
1987 New York Ave		Brooklyn		NY	11210
Principal Occupation		Name of Employer			
Director of Accounting		AZJ Consulting, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		500	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/7/23	500		
SUBTOTAL Section B — This Page				700	
TOTAL of additional Section B Pages				5850	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				6600	

Section B ADDITIONAL PAGE 1 of 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Fonfara for Hartford				30 days following primary	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$ 50	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Aikens-Nunez		Talia			
Residential Street Address		City		State	Zip Code
70 Marvel Rd		New Haven		CT	06515
Principal Occupation			Name of Employer		
Program Manager			State of CT, Judicial Branch		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/7/23	1000		
Last Name		First		MI	
Biggs		Greg			
Residential Street Address		City		State	Zip Code
562 Litchfield Ave		Killingly		CT	06241
Principal Occupation			Name of Employer		
Principal			EASTCONN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/7/23	1000		
Last Name		First		MI	
Duggan		Daniel			
Residential Street Address		City		State	Zip Code
147 Stockingmill Rd		Wethersfield		CT	06109
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 for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/7/23	1000		
SUBTOTAL Section B — This Page				3000	
TOTAL of additional Section B Pages				5850	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				6600	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Fonfara for Hartford				30 days following primary	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				\$ 50	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name Malin		First Yehudis		MI	
Residential Street Address 843 Morris Ave		City Lakewood		State NJ	Zip Code 08701
Principal Occupation Exec VP		Name of Employer Diversified Management Plus			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 750	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/11/23	Aggregate Contributions 750		
Last Name Walker		First Toni		MI	
Residential Street Address 1643 Ella T Grasso Boulevard		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/11/23	Aggregate Contributions 100		
Last Name Wisniewski		First John		MI	
Residential Street Address 1721 Main St		City Glastonbury		State CT	Zip Code 06033
Principal Occupation President		Name of Employer Payless Auto Glass			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/11/23	Aggregate Contributions 1000		
SUBTOTAL Section B — This Page				1850	
TOTAL of additional Section B Pages				5850	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				6600	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Fonfara for Hartford		30 days following primary	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$50	
B. Itemized Contributions from Individuals			
Last Name Ferrarese		First Rino	MI F
Residential Street Address 5 Vincy Drive		City Cromwell	State CT
		Zip Code 06416	
Principal Occupation Manager		Name of Employer Org Services	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> _____ <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/13/23	Aggregate Contributions 500
Last Name Malcynsky		First Joni	MI L
Residential Street Address 25 Parkers Point Rd		City Chester	State CT
		Zip Code 06412	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> _____ <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/4/23	Aggregate Contributions 500
Last Name		First	MI
Residential Street Address		City	State
		Zip Code	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> _____ <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page		1000	
TOTAL of additional Section B Pages		5850	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		6600	

I. MONETARY RECEIPTS (Sections A--K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Fonfara for Hartford	30 days following primary

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)		
Total Loans Received this Period (Section D)		0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0
Total of Other Monetary Receipts (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i>		0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Fonfara for Hartford				30 days following primary	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Threshold Group, Inc.			9/5/23		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
11 E 44th St Fl 3		New York		NY	10017
Purpose of Expenditure (by code)	Description		Event #		Amount
A-OTH	Print/Mail; Digital;				7,869.84
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Threshold Group, Inc.			9/5/23		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
11 E 44th St Fl 3		New York		NY	10017
Purpose of Expenditure (by code)	Description		Event #		Amount
A-DM	Print/Mail				6,619.84
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Juan Torres			9/5/23		<input checked="" type="radio"/> Check # <u>204</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
338 Asylum St # 612		Hartford		CT	06103
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					232.50
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Leonor Mendez			9/5/23		<input checked="" type="radio"/> Check # <u>205</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
25 Laurel St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					180.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			14,902.18		
TOTAL of additional Section P Pages			66,402.84		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			81,305.02		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Threshold Group Inc.			Sep 5, 2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
11 E 44th St Fl 3		New York		NY	10017
Purpose of Expenditure (by code)	Description		Event #		Amount
A-TV					30,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Webster Bank			Sep 5, 2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
5 Coles Rd		Cromwell		CT	06416
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	wire fee				35.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Trignition Media			Sep 5, 2023		<input checked="" type="radio"/> Check # 206 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1056 Willard Ave		Newington		CT	06111
Purpose of Expenditure (by code)	Description		Event #		Amount
A-RAD					1,724.31
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Sadoc Ramos			Sep 8, 2023		<input checked="" type="radio"/> Check # 207 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
156 Bloomfield Ave		Windsor		CT	06095
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					330.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			32,089.31		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Jessie Deshown Sinclair			Sep 8, 2023		<input checked="" type="radio"/> Check #208 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
107 Oakland Terr		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					45.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Theodore Hall			Sep 8, 2023		<input checked="" type="radio"/> Check #209 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
42 Greenfield St		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					33.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Zoila Espinoza			Sep 8, 2023		<input checked="" type="radio"/> Check #210 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
45 Webster St A1		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					307.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Keith Lee			Sep 8, 2023		<input checked="" type="radio"/> Check #211 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
408 Farmington Ave, Apt 304		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					206.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P -- This Page				592.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Drupatti D. Phulbas			Sep 8, 2023		<input checked="" type="radio"/> Check #212 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
49 Hazel St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					90.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Duvaasan Phulbas			Sep 8, 2023		<input checked="" type="radio"/> Check #213 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
49 Hazel St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					56.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Calina Barnum			Sep 8, 2023		<input checked="" type="radio"/> Check #214 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
35 Owens St #102		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					1,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
The Hartford News			Sep 8, 2023		<input checked="" type="radio"/> Check #215 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
30 Arbor St, Suite 106-H		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					110.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					1,256.25

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Martin Kenny			Sep 11, 2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
8 Belhaven		Cromwell		CT	06416
Purpose of Expenditure (by code)	Description		Event #		Amount
REF					1,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Frank Citino			Sep 11, 2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
387 Wells Rd		Wethersfield		CT	06109
Purpose of Expenditure (by code)	Description		Event #		Amount
REF					1,000.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Stephen Kinney			Sep 11, 2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
20 Cromwell Place		Old Saybrook		CT	06475
Purpose of Expenditure (by code)	Description		Event #		Amount
REF					500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Yisacher Feldberg			Sep 11, 2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
1517 East 37th St		Brooklyn		NY	11234
Purpose of Expenditure (by code)	Description		Event #		Amount
REF					500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				3,000.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Yolanda Harris			Sep 12, 2023		<input checked="" type="radio"/> Check #216 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
506 (B) Garden St		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					45.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Migdalia Alicea			Sep 12, 2023		<input checked="" type="radio"/> Check #217 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
161 State St		Meriden		CT	06450
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Aida Perez			Sep 12, 2023		<input checked="" type="radio"/> Check #218 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
80 Charter Oak Ave #601		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Nelky Maldonado			Sep 12, 2023		<input checked="" type="radio"/> Check #219 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
161 Bonner St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			405.00		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Fonfara for Hartford				30 days following primary	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Eduardo Quintero			Sep 12, 2023		<input checked="" type="radio"/> Check #220 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
9 Hanmer St		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					220.00
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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Leonor Mendez			Sep 12, 2023		<input checked="" type="radio"/> Check #221 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
25 Laurel St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Erick Espinoza			Sep 12, 2023		<input checked="" type="radio"/> Check #222 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
17 Julius St		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Carlos Proleon			Sep 12, 2023		<input checked="" type="radio"/> Check #223 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
17 Julius St, Apt 2		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				805.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Antonio Kolthoff			Sep 12, 2023		<input checked="" type="radio"/> Check #224 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
59 Natick St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					220.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Luz Andujar			Sep 12, 2023		<input checked="" type="radio"/> Check #226 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
534 Maple Ave		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Juan Andujar			Sep 12, 2023		<input checked="" type="radio"/> Check #227 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
25 Frederick St		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					220.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Kenaisha Jouet			Sep 12, 2023		<input checked="" type="radio"/> Check #228 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
944 Asylum Ave		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				680.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
David G. Morin			Sep 12, 2023		<input checked="" type="radio"/> Check #229 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
24 Park Place, #23A		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					220.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Jennifer Torres			Sep 12, 2023		<input checked="" type="radio"/> Check #230 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
44 Wilson St, Apt 1		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Lizette Alvarez			Sep 12, 2023		<input checked="" type="radio"/> Check #231 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
44 Hughes St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Carmen Felix			Sep 12, 2023		<input checked="" type="radio"/> Check #232 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
645 New Park Ave		West Hartford		CT	06110
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				580.00	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Miguel Vargas			Sep 12, 2023		<input checked="" type="radio"/> Check #233 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
39 Charter Oak Place		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Francisco Rolon			Sep 12, 2023		<input checked="" type="radio"/> Check #234 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
555 Wethersfield Ave		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Evelyn Dukes			Sep 12, 2023		<input checked="" type="radio"/> Check #235 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
448 Prospect Ave		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Betzaida Colon			Sep 12, 2023		<input checked="" type="radio"/> Check #236 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
208 Harvard St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			480.00		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Jose Morales			Sep 12, 2023		<input checked="" type="radio"/> Check #237 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
111 Mather St		Hartford		CT	06120
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Domingo Gonzalez			Sep 12, 2023		<input checked="" type="radio"/> Check #238 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
15 Enfield St		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					50.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Kelin Ortiz			Sep 12, 2023		<input checked="" type="radio"/> Check #239 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
111 Mather St		Hartford		CT	06120
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Hector Franqui			Sep 12, 2023		<input checked="" type="radio"/> Check #240 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
80 Charter Oak Ave		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			410.00		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Wendy Contreras			Sep 12, 2023		<input checked="" type="radio"/> Check #241 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
111 Mather St		Hartford		CT	06120
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				120.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Julia Espinoza			Sep 12, 2023		<input checked="" type="radio"/> Check #242 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
45 Webster St A01		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				120.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Manuel Verastegui			Sep 12, 2023		<input checked="" type="radio"/> Check #243 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
45 Webster St		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				120.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Jean Karlo Conquistador			Sep 12, 2023		<input checked="" type="radio"/> Check #244 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
525 Crown St, Apt 236		Meriden		CT	06450
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				185.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			545.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Elvis Tejada			Sep 12, 2023		<input checked="" type="radio"/> Check #245 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
47 Hamilton St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Miguel Rivera			Sep 12, 2023		<input checked="" type="radio"/> Check #246 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
47 Hamilton St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Oscar J. Sanchez			Sep 12, 2023		<input checked="" type="radio"/> Check #247 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
432 Hillside Ave		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Sadoc Ramos			Sep 12, 2023		<input checked="" type="radio"/> Check #248 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
156 Bloomfield Ave		Windsor		CT	06095
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				375.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			735.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Keith Lee			Sep 12, 2023		<input checked="" type="radio"/> Check #249 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
408 Farmington Ave. Apt 304		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					266.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Theodore Hall			Sep 12, 2023		<input checked="" type="radio"/> Check #250 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
42 Greenfield St		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					138.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Jessie Deshown Sinclair			Sep 12, 2023		<input checked="" type="radio"/> Check #251 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
107 Oakland Terr		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					30.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Drupatti D. Phulbas			Sep 12, 2023		<input checked="" type="radio"/> Check #252 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
49 Hazel St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					232.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				667.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			30 days following primary	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Zoila Espinoza		Sep 12, 2023	<input checked="" type="radio"/> Check #253 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
45 Webster St A1		Hartford	CT	06114
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE			176.25	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Harland Clarke		Sep 13, 2023	<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
15955 La Cantera Pkwy		San Antonio	TX	78256
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	check order		168.83	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Leonor Mendez		Sep 13, 2023	<input checked="" type="radio"/> Check #255 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
25 Laurel St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE			45.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Luis Santana		Sep 13, 2023	<input checked="" type="radio"/> Check #256 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
37 Heritage Lane		East Hartford	CT	06118
Purpose of Expenditure (by code)	Description	Event #	Amount	
WAGE			120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			510.08	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Alexis Medero			Sep 14, 2023		<input checked="" type="radio"/> Check #257 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
96 Brown St		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Ricardo Feliciano			Sep 14, 2023		<input checked="" type="radio"/> Check #258 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
96 Brown St		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					1,001.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Living Word Imprints			Sep 14, 2023		<input checked="" type="radio"/> Check #259 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
450 Homestead Ave		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT					460.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Maria Sostre			Sep 15, 2023		<input checked="" type="radio"/> Check #260 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
61 Bond St		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					517.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			2,098.50		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Apolinar Rosario			Sep 15, 2023		<input checked="" type="radio"/> Check #261 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
25 Ward St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					202.50
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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Yisenia Martinez			Sep 15, 2023		<input checked="" type="radio"/> Check #262 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1580 Main St, Apt 3A		Hartford		CT	06120
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					202.50
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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Theodore Hall			Sep 15, 2023		<input checked="" type="radio"/> Check #263 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
42 Greenfield St		Hartford		CT	06112
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					67.50
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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Keith Lee			Sep 15, 2023		<input checked="" type="radio"/> Check #264 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
408 Farmington Ave, Apt 304		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					60.00
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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section P — This Page			532.50		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Maxine Tulloch-Henry			Sep 15, 2023		<input checked="" type="radio"/> Check #265 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
44 Clermont St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					105.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Mary Alyson Pilagin			Sep 15, 2023		<input checked="" type="radio"/> Check #266 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
99 Pratt St, Apt 418		Hartford		CT	06103
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB					297.54
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Julia Rameikas			Sep 15, 2023		<input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
186 Oxford St		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB					713.15
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Adam Bourdeau			Sep 15, 2023		<input checked="" type="radio"/> Check #268 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
4 Hollow Rock Rd		South Hero		VT	05486
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					35.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section P — This Page					1,150.69

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee		Date of Payment		Method of Payment:	
Pawan Agrawal		Sep 19, 2023		<input checked="" type="radio"/> Check #269 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
110 Fennbrook Rd		West Hartford		CT	06119
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				37.50	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Angel Morales		Sep 19, 2023		<input checked="" type="radio"/> Check #270 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
185 Brainard Rd		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #	Amount	
WAGE				500.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Identidad Latina LLC		Sep 27, 2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City		State	Zip Code
170 Milton St		West Hartford		CT	06119
Purpose of Expenditure (by code)	Description		Event #	Amount	
A-NEWS				1,200.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Budget Printers & Embroiderers		Sep 27, 2023		<input checked="" type="radio"/> Check #271 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
1718 Park St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
A-OTH				143.57	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				1,881.07	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Mary Alyson Pilagin			Sep 27, 2023		<input checked="" type="radio"/> Check #274 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
99 Pratt St, Apt 418		Hartford		CT	06103
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					4,500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Julia Rameikas			Sep 27, 2023		<input checked="" type="radio"/> Check #275 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
186 Oxford St		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					6,500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Angel Morales			Sep 27, 2023		<input checked="" type="radio"/> Check #276 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
185 Brainard Rd		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB					189.28
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Ramon Arroyo			Sep 27, 2023		<input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
97 Amity St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB					768.77
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			11,958.05		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Fonfara for Hartford				30 days following primary	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Kevin Vega			Sep 27, 2023		<input checked="" type="radio"/> Check #278 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
25 Pawtucket St		Hartford		CT	06114
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					750.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Sandra Lozada			Sep 29, 2023		<input checked="" type="radio"/> Check #279 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
170 Sisson Ave, Bldg 3-716		Hartford		CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					150.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Aida Perez			Sep 29, 2023		<input checked="" type="radio"/> Check #280 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
80 Charter Oak Ave, Apt #601		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE					150.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
La Voz Hispana			Sep 30, 2023		<input checked="" type="radio"/> Check #281 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
51 Elm St, Suite 307		New Haven		CT	06510
Purpose of Expenditure (by code)	Description		Event #		Amount
A-NEWS					1,800.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				2,850.00	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Patricia Torruella			Sep 30, 2023		<input checked="" type="radio"/> Check #VOID <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
*MISC	Void check #173 - (did not want to be paid)				- 15.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Raul DeJesus Jr.			Sep 29, 2023		<input checked="" type="radio"/> Check #VOID <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #		Amount
*MISC	Void check #174 - (did not want to be paid)				- 55.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Threshold Group, Inc.			Sep 30, 2023		<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
11 E 44th St Fl 3		New York		NY	10017
Purpose of Expenditure (by code)	Description		Event #		Amount
A-OTH					2,565.31
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Rennye Leiler			Sep 30, 2023		<input checked="" type="radio"/> Check #283 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
95 Tuttle Rd		Durham		CT	06422
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB					33.78
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			2,529.09		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Fonfara for Hartford	30 days following primary

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
La Diferente Radio	Sep 12, 2023	<input checked="" type="radio"/> Check #284 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
30 Arbor St, Suite 106-H	Hartford	CT 06106

Purpose of Expenditure (by code)	Description	Event #	Amount
A-RAD			400.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Anedot	9/4/23-9/30/23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State Zip Code
1340 Poydras Street Suite 1770	New Orleans	LA 70112

Purpose of Expenditure (by code)	Description	Event #	Amount
*MISC	Fees		247.30
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State Zip Code

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

Name of Payee	Date of Payment	Method of Payment:
		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State Zip Code
		CT

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

SUBTOTAL Section P — This Page		647.30
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Fonfara for Hartford			30 days following primary	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Mary Rydingsward			8/27/23	
Street Address		City	State	Zip Code
176 Marcia Dr		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>
WAGE				
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			3,000.00
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Angel Morales			9/12/23	
Street Address		City	State	Zip Code
185 Brainard Rd		Hartford	CT	06114
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>
WAGE				
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			1,000.00
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor			Date Incurred	
Jessica Inacio			9/30/23	
Street Address		City	State	Zip Code
920 FM 2673 #35		Canyon Lake	TX	78133
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>
WAGE				
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			4,000.00
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section S-This Page			8,000.00	
TOTAL of additional Section S Pages			10,750.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			18,750.00	
Previously reported Expenses Unpaid and still Outstanding			0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>			18,750.00	

Section S ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Fonfara of Hartford				30 days following primary	
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Mitch Trew				9/30/23	
Street Address			City	State	Zip Code
920 FM 2673 #35			Canyon Lake	TX	78133
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred <i>(Estimate or Actual)</i>
WAGE					
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				1,000.00
	<input checked="" type="radio"/> None of the below	<input type="radio"/> Independent			
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)	<input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Creditor				Date Incurred	
Rennye Leiler				9/30/23	
Street Address			City	State	Zip Code
95 Tuttle Rd			Durham	CT	06422
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred <i>(Estimate or Actual)</i>
WAGE					
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				5,000.00
	<input checked="" type="radio"/> None of the below	<input type="radio"/> Independent			
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)	<input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Creditor				Date Incurred	
Hilda Santiago				9/12/23	
Street Address			City	State	Zip Code
86 South Ave			Meriden	CT	06451
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred <i>(Estimate or Actual)</i>
WAGE					
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				1,000.00
	<input checked="" type="radio"/> None of the below	<input type="radio"/> Independent			
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)	<input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section S-This Page				7,000.00	
TOTAL of additional Section S Pages				10,750.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>				18,750.00	
Previously reported Expenses Unpaid and still Outstanding				0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>				18,750.00	

Section S ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Fonfara of Hartford			30 days following primary	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Edna Garcia			9/12/23	
Street Address		City	State	Zip Code
38 Siemon St		Bridgeport	CT	06605
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>	
WAGE				
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			250.00
	<input checked="" type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor			Date Incurred	
Raquel Calderon			9/12/23	
Street Address		City	State	Zip Code
163 Adelaide St		Hartford	CT	06114
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>	
WAGE				
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			1,500.00
	<input checked="" type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor			Date Incurred	
Guillermina Gonzalez			9/12/23	
Street Address		City	State	Zip Code
97 Amity St		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>	
WAGE				
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			2,000.00
	<input checked="" type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
SUBTOTAL Section S-This Page			3,750.00	
TOTAL of additional Section S Pages			10,750.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			18,750.00	
Previously reported Expenses Unpaid and still Outstanding			0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>			18,750.00	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT			
Fonfara for Hartford		30 days following primary			
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant Pilagin		First Mary Alyson		MI	Date of Payment to Vendor, Person or Entity 7/31/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #266 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 2550 Albany Ave		City West Hartford		State CT	Zip Code 06117
Purpose of Expenditure (by code) PRNT	Description copies		Event #		Amount 43.09
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant Pilagin		First Mary Alyson		MI	Date of Payment to Vendor, Person or Entity 8/2/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant FedEx			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #266 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 544 Farmington Ave		City Hartford		State CT	Zip Code 06105
Purpose of Expenditure (by code) PRNT	Description copies		Event #		Amount 25.83
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant Pilagin		First Mary Alyson		MI	Date of Payment to Vendor, Person or Entity 8/9/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant FedEx			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #266 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 544 Farmington Ave		City Hartford		State CT	Zip Code 06105
Purpose of Expenditure (by code) PRNT	Description copies		Event #		Amount 79.61
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page				148.53	
TOTAL of additional Section T Pages				1853.99	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				2002.52	

Section T ADDITIONAL PAGE 1 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Fonfara for Hartford	30 days following primary

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity	
Pilagin		Mary Alyson			8/9/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
FedEx			<input checked="" type="radio"/> Check #266 <input type="radio"/> Debit Card <input type="radio"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code	
544 Farmington Ave		Hartford		CT	06105	
Purpose of Expenditure (by code)	Description	Event #		Amount		
PRNT	copies			79.61		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)					
	<input checked="" type="radio"/> None of the below <input type="radio"/>					
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent					
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity	
Pilagin		Mary Alyson			8/12/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
Staples			<input checked="" type="radio"/> Check #266 <input type="radio"/> Debit Card <input type="radio"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code	
2550 Albany Ave		West Hartford		CT	06117	
Purpose of Expenditure (by code)	Description	Event #		Amount		
OFFICE				19.12		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)					
	<input checked="" type="radio"/> None of the below <input type="radio"/>					
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent					
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity	
Pilagin		Mary Alyson			9/9/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
Target			<input checked="" type="radio"/> Check #266 <input type="radio"/> Debit Card <input type="radio"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code	
333 N. Main St, Suite 10		West Hartford		CT	06117	
Purpose of Expenditure (by code)	Description	Event #		Amount		
OFFICE				50.28		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)					
	<input checked="" type="radio"/> None of the below <input type="radio"/>					
	<input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent					
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
SUBTOTAL Section T — This Page			149.01			
TOTAL of additional Section T Pages			1853.99			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			2002.52			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Fonfara for Hartford	TYPE OF REPORT 30 days following primary
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T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 8/16/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117
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Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount 74.43
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 8/25/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117
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Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount 40.40
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 8/27/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walgreens	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 668 Farmington Ave	City West Hartford	State CT	Zip Code 06119
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Purpose of Expenditure (by code) POST	Description	Event #	Amount 39.60
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section T — This Page	154.43
TOTAL of additional Section T Pages	1853.99
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	2002.52

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Fonfara for Hartford	TYPE OF REPORT 30 days following primary
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T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 9/1/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117
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Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount 24.36
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 8/29/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Tracfone	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant https://www.tracfone.com	City	State	Zip Code
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Purpose of Expenditure (by code) A-PH-BNK	Description	Event #	Amount 16.85
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 8/29/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Tracfone	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant https://www.tracfone.com	City	State	Zip Code
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Purpose of Expenditure (by code) A-PH-BNK	Description	Event #	Amount 16.85
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section T — This Page	58.06
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TOTAL of additional Section T Pages	1853.99
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TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	2002.52
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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT			
Fonfara for Hartford			30 days following primary			
T. Itemization of Reimbursements and Secondary Payees						
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity	
Rameikas		Julia			9/8/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
Staples				<input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code
2550 Albany Ave			West Hartford		CT	06117
Purpose of Expenditure (by code)	Description		Event #	Amount		
OFFICE				69.10		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>					
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity	
Rameikas		Julia			9/1/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
US Postal Service				<input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code
12 Crossroads Plz			West Hartford		CT	06117
Purpose of Expenditure (by code)	Description		Event #	Amount		
POST				66.00		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>					
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity	
Rameikas		Julia			9/8/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
Tracfone				<input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code
https://www.tracfone.com						
Purpose of Expenditure (by code)	Description		Event #	Amount		
A-PH-BNK				16.85		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>					
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
SUBTOTAL Section T — This Page				151.95		
TOTAL of additional Section T Pages				1853.99		
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				2002.52		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Fonfara for Hartford	TYPE OF REPORT 30 days following primary
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T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 9/11/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117
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Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount 77.56
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 9/10/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Tracfone	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant https://www.tracfone.com	City	State	Zip Code
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Purpose of Expenditure (by code) A-PH-BNK	Description	Event #	Amount 16.85
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 9/10/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Tracfone	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant https://www.tracfone.com	City	State	Zip Code
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Purpose of Expenditure (by code) A-PH-BNK	Description	Event #	Amount 16.85
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section T — This Page		111.26
TOTAL of additional Section T Pages		1853.99
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS		2002.52

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Fonfara for Hartford	TYPE OF REPORT 30 days following primary
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T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Morales	First Angel	MI	Date of Payment to Vendor, Person or Entity 7/31/23-9/11/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant https://www.uber.com	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #276 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City San Francisco	State CA	Zip Code
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Purpose of Expenditure (by code) TRVL	Description 20 Uber rides (receipts with various dates & \$ between 7/31-9/11)	Event #	Amount 189.28
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 9/10/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Tracfone	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant https://www.tracfone.com	City	State	Zip Code
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Purpose of Expenditure (by code) A-PH-BNK	Description	Event #	Amount 16.85
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Rameikas	First Julia	MI	Date of Payment to Vendor, Person or Entity 9/12/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Tracfone	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #267 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant https://www.tracfone.com	City	State	Zip Code
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Purpose of Expenditure (by code) A-PH-BNK	Description	Event #	Amount 16.85
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section T — This Page	222.98
TOTAL of additional Section T Pages	1853.99
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	2002.52

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT			
Fonfara for Hartford				30 days following primary			
T. Itemization of Reimbursements and Secondary Payees							
Last Name of Worker/Consultant		First			MI	Date of Payment to Vendor, Person or Entity	
Arroyo		Ramon				8/20/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
The Home Depot				<input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
503 New Park Ave			West Hartford		CT	06110	
Purpose of Expenditure (by code)	Description			Event #		Amount	
OFFICE						26.56	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>						
	<input checked="" type="radio"/> None of the below			<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)			<input type="radio"/> Independent
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First			MI	Date of Payment to Vendor, Person or Entity	
Arroyo		Ramon				8/25/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
Jamears Market				<input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
335 Capitol Ave			Hartford		CT	06106	
Purpose of Expenditure (by code)	Description			Event #		Amount	
TRVL						60.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>						
	<input checked="" type="radio"/> None of the below			<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)			<input type="radio"/> Independent
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Last Name of Worker/Consultant		First			MI	Date of Payment to Vendor, Person or Entity	
Arroyo		Ramon				8/26/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
Teddys Gulf				<input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
1127 Capitol Ave			Hartford		CT	06106	
Purpose of Expenditure (by code)	Description			Event #		Amount	
TRVL						20.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>						
	<input checked="" type="radio"/> None of the below			<input type="radio"/> Coordinated with reimbursement sought (joint expenditure)			<input type="radio"/> Independent
	<input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			<input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section T — This Page						106.56	
TOTAL of additional Section T Pages						1853.99	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS						2002.52	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Fonfara for Hartford	TYPE OF REPORT 30 days following primary
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T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 9/2/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant C-Town		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1744 Park St		City Hartford	State Zip Code CT 06106
Purpose of Expenditure (by code) FOOD	Description 		Event #
Expenditure # (if applicable) 		Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
			Amount 14.04
Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 8/28/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Jamears Market		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 335 Capitol Ave		City Hartford	State Zip Code CT 06106
Purpose of Expenditure (by code) TRVL	Description 		Event #
Expenditure # (if applicable) 		Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
			Amount 60.00
Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 9/2/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant C-Town		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1744 Park St		City Hartford	State Zip Code CT 06106
Purpose of Expenditure (by code) FOOD	Description 		Event #
Expenditure # (if applicable) 		Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
			Amount 5.20
SUBTOTAL Section T — This Page			79.24
TOTAL of additional Section T Pages			1853.99
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			2002.52

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Fonfara for Hartford			30 days following primary	
T. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant		First		MI
Arroyo		Ramon		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Date of Payment to Vendor, Person or Entity	
C-Town			9/2/23	
Payment to Reimburse Committee Worker/Consultant as reported in Section P:				
<input checked="" type="radio"/> Check #277			<input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
1744 Park St		Hartford		CT
Zip Code				
06106				
Purpose of Expenditure (by code)	Description	Event #		Amount
FOOD				4.69
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
			<input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Last Name of Worker/Consultant		First		MI
Arroyo		Ramon		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Date of Payment to Vendor, Person or Entity	
Walmart			8/28/23	
Payment to Reimburse Committee Worker/Consultant as reported in Section P:				
<input checked="" type="radio"/> Check #277			<input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
495 Flatbush Ave		Hartford		CT
Zip Code		06106		
Purpose of Expenditure (by code)	Description	Event #		Amount
OFFICE				93.23
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
			<input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Last Name of Worker/Consultant		First		MI
Arroyo		Ramon		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Date of Payment to Vendor, Person or Entity	
C-Town			9/2/23	
Payment to Reimburse Committee Worker/Consultant as reported in Section P:				
<input checked="" type="radio"/> Check #277			<input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State
1744 Park St		Hartford		CT
Zip Code		06106		
Purpose of Expenditure (by code)	Description	Event #		Amount
FOOD				1.63
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
			<input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section T — This Page				99.55
TOTAL of additional Section T Pages				1853.99
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				2002.52

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Fonfara for Hartford	TYPE OF REPORT 30 days following primary
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T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 9/7/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Teddys Gulf	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1127 Capitol Ave	City Hartford	State CT	Zip Code 06106
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Purpose of Expenditure (by code) TRVL	Description	Event #	Amount 20.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 9/8/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Jamears Market	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 335 Capitol Ave	City Hartford	State CT	Zip Code 06106
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Purpose of Expenditure (by code) TRVL	Description	Event #	Amount 60.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant Arroyo	First Ramon	MI	Date of Payment to Vendor, Person or Entity 9/8/23
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Jamears Market	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 335 Capitol Ave	City Hartford	State CT	Zip Code 06106
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Purpose of Expenditure (by code) TRVL	Description	Event #	Amount 60.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section T — This Page		140.00
TOTAL of additional Section T Pages		1853.99
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS		2002.52

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Fonfara for Hartford		30 days following primary	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant		First	MI
Arroyo		Ramon	
Date of Payment to Vendor, Person or Entity		9/12/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
McDonald		<input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
214 Prospect Ave		Hartford	CT 06106
Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD			147.98
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant		First	MI
Arroyo		Ramon	
Date of Payment to Vendor, Person or Entity		9/12/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Jamears Market		<input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
335 Capitol Ave		Hartford	CT 06106
Purpose of Expenditure (by code)	Description	Event #	Amount
TRVL			50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant		First	MI
Arroyo		Ramon	
Date of Payment to Vendor, Person or Entity		9/8/23	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Walmart		<input checked="" type="radio"/> Check #277 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
495 Flatbush Ave		Hartford	CT 06106
Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE			82.74
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section T — This Page			280.72
TOTAL of additional Section T Pages			1853.99
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			2002.52

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Fonfara for Hartford			30 days following primary		
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Leiler		Rennye			7/14/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
USPS				<input checked="" type="radio"/> Check #283 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
115 Main St			East Berlin		CT 06023
Purpose of Expenditure (by code)	Description	Event #			Amount
POST					1.32
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Leiler		Rennye			8/25/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Walmart				<input checked="" type="radio"/> Check #283 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
161 Berlin Rd			Cromwell		CT 06416
Purpose of Expenditure (by code)	Description	Event #			Amount
OFFICE					13.16
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Leiler		Rennye			9/5/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
USPS				<input checked="" type="radio"/> Check #283 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
115 Main St			East Berlin		CT 06023
Purpose of Expenditure (by code)	Description	Event #			Amount
POST					9.65
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page					24.13
TOTAL of additional Section T Pages					1853.99
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					2002.52