

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

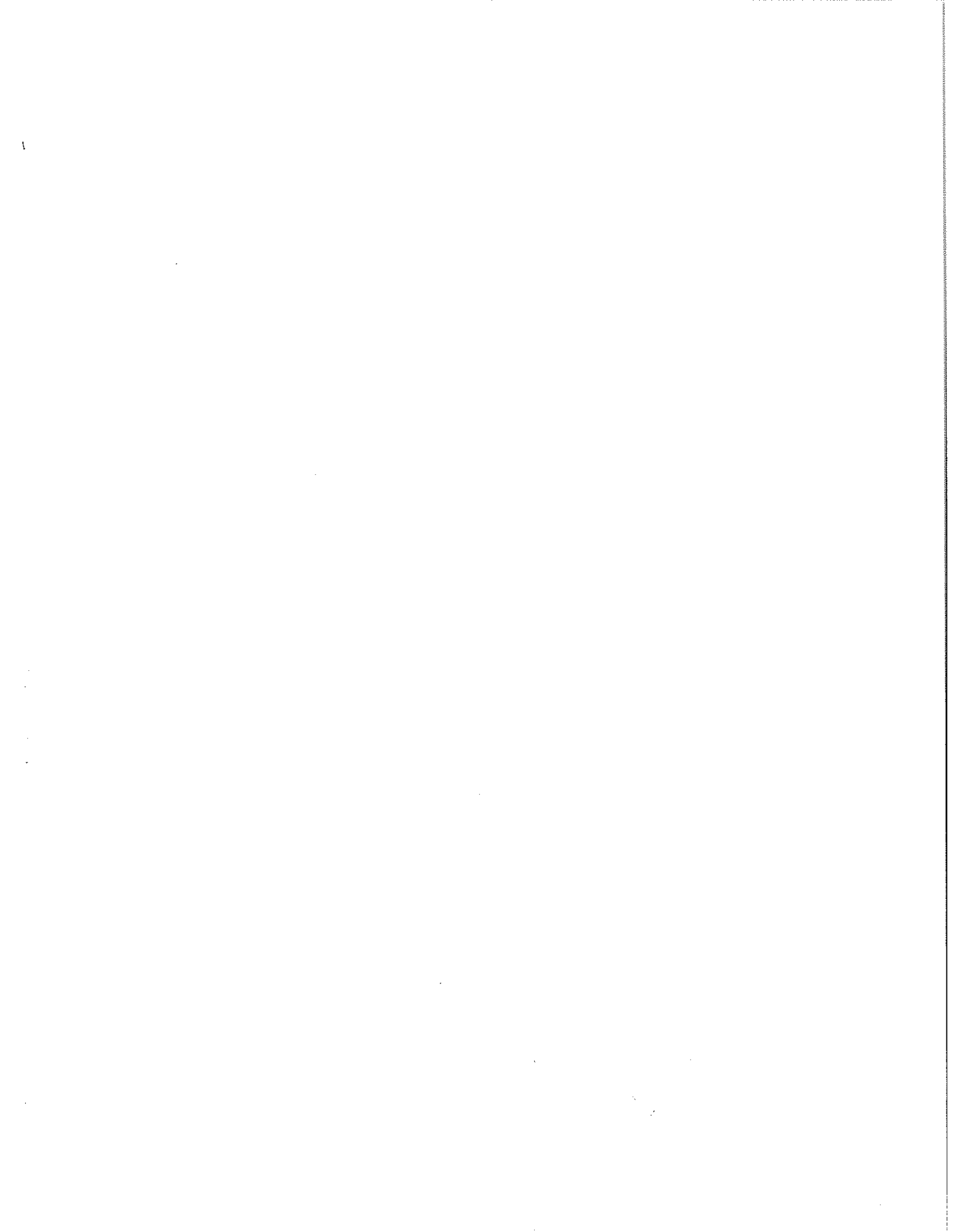
120

SEEC FORM 20

Revised Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2013

SUMMARY PAGE TOTALS

NAME OF CANDIDATE <small>(Candidate Name or Registered Party Name)</small>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Accruals
Labron for President	JUL 10	
	COLUMN A This Period	COLUMN B Accruals
01. Balance on hand January 1 of current year for reporting and party committees (09) Balance on hand from city committee was loaned for all other committees		0.00
02. Balance on hand at the beginning of Reporting Period	34,600.10	
03. State Elections Received from Individuals (Sections A and B)	24,808.04	82,040.87
04. Receipts from Other Committees (Sections C1 and C2)	0.00	250.00
05. Other Monetary Receipts (Sections C through F)	1,000.00	5,000.00
06a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 2)	0.00	0.00
06b. Per Public Act 11-44, effective January 1, 2011 (Section L2, revised)		
06c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
07. Total Monetary Receipts (add totals to Line 03 through 06a)	25,808.04	87,290.87
08. Subtotals (add) totals in Lines 02 + 07 in Column A, and in Lines 01 + 07 in Column B	60,408.14	87,290.87
09. Expenses Paid by Committee (Section P)	52,821.01	59,664.74
10. Balance on hand at close of Reporting Period (subtract Line 09 from Line 08 above)	6,587.13	6,626.13
11. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
12. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
13. In-Kind Contributions Received (Section M)	728.54	2,714.33
14. Retention Deposit by Telephone Company (Section N)	0.00	0.00
15. Loan Balance	0.00	
15a. + Loans Received (Section O)	0.00	4,000.00
15b. + Interest and Penalties on Loan	0.00	0.00
15c. - Payments on Loan	0.00	4,000.00
15d. Total Outstanding Loan Amount	0.00	
16. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
17. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
18. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
19a. Total Outstanding Expenses Incurred by Committee not Paid (Section S)	0.00	



I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>		\$ 0.00	
SUBTOTAL SECTION A			

B. Itemized Contributions from Individuals			
---	--	--	--

Last Name Johnson		First Frederick		MI	
Residential Street Address 55 Avery Avenue		City Meriden		State CT	Zip Code 06450
Principal Occupation Engineering Director			Name of Employer Carrier Corporation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/05/2023	Aggregate Contributions 100.00		

Last Name Cruz		First Maria		MI E.	
Residential Street Address 144 Oakwood Avenue		City West Hartford		State CT	Zip Code 06119
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/03/2023	Aggregate Contributions 25.00		

Last Name Caceres		First Luis		MI	
Residential Street Address 47 Ledger Street		City Hartford		State CT	Zip Code 06106
Principal Occupation Quality inspector			Name of Employer Okay industries		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 150.00		

SUBTOTAL Section B - This Page		175.00
TOTAL of additional Section B Pages		24633.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE - (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Norman		First Taniqua		MI
Residential Street Address 4012 Windy Creek Dr		City Chesterfield		State VA
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/18/2023	Aggregate Contributions 25.00	
Last Name Cristofaro		First Victor		MI
Residential Street Address 87 Barry Place		City Rocky Hill		State CT
Principal Occupation Principal		Name of Employer Hartford Public Schools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/26/2023	Aggregate Contributions 100.00	
Last Name Mitchell		First Mark		MI
Residential Street Address 140-D Maple Ave. Unit D		City Hartford		State CT
Principal Occupation Associate Professor		Name of Employer George Mason University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2023	Aggregate Contributions 50.00	
SUBTOTAL Section B - This Page			175.00	
TOTAL of additional Section B Pages			24633.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Ann Bridges	First Kimberly	MI
Residential Street Address 199 Westminster Street	City Hartford	State CT
	Zip Code 06112	

Principal Occupation	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <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="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received 06/25/2023	Aggregate Contributions 25.00
Amount of Contribution 25.00	

Last Name Ramos Rios	First Virginia	MI
Residential Street Address 76-66 Austin Street 5A	City Forest Hills	State NY
	Zip Code 11375	

Principal Occupation Substitute	Name of Employer Kelly Employment Services
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <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="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received 06/10/2023	Aggregate Contributions 25.00
Amount of Contribution 25.00	

Last Name Lucia	First Jessica	MI
Residential Street Address 97 Lincoln Street	City Hartford	State CT
	Zip Code 06106	

Principal Occupation Assistant	Name of Employer Red Tie
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <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="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Date Received 06/30/2023	Aggregate Contributions 1,000.00
Amount of Contribution 1,000.00	

SUBTOTAL Section B - This Page	1,050.00
TOTAL of additional Section B Pages	23758.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Weisenfeld		First Andrew		MI
Residential Street Address 4 Inningwood Rd		City Ossining	State NY	Zip Code 10562
Principal Occupation Veterinarian		Name of Employer Yorktown Animal Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 25.00	
Last Name Adhin		First Nirmala		MI
Residential Street Address 114 Dix Road		City Weathersfield	State CT	Zip Code 06109
Principal Occupation Dietician		Name of Employer Aetna		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/08/2023	Aggregate Contributions 250.00	
Last Name Franklin		First Diana		MI
Residential Street Address 47 Sawka Drive		City East Hartford	State CT	Zip Code 06118
Principal Occupation Adiminstration Manager		Name of Employer CTtransit		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 500.00	
SUBTOTAL Section B - This Page			525.00	
TOTAL of additional Section B Pages			24283.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Hughes		First Josh		MI
Residential Street Address 34 Lexington Rd		City West Hartford	State CT	Zip Code 06119
Principal Occupation Lobbyist		Name of Employer Capitol Consulting		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/03/2023	Aggregate Contributions 50.00	
Last Name Walker		First Kenneth		MI
Residential Street Address 269 Sigourney Street		City Hartford	State CT	Zip Code 06105
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 5.00	
Last Name Burby		First Audrey		MI
Residential Street Address 8 Shelley Lane		City Glastonbury	State CT	Zip Code 06033
Principal Occupation Medical courier		Name of Employer Star express		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 200.00	
SUBTOTAL Section B - This Page			155.00	
TOTAL of additional Section B Pages			24653.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Devereux	First Jeffrey	MI	
Residential Street Address 1429 Park St, Apt 401	City Hartford	State CT	Zip Code 06106
Principal Occupation Small Business Owner	Name of Employer BI&d		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/04/2023	

Last Name Santana	First Victoria	MI	
Residential Street Address 291 Buckingham Street	City Hartford	State CT	Zip Code 06106
Principal Occupation Teacher	Name of Employer Substitute Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2023	

Last Name Rodriguez	First Efram	MI	
Residential Street Address 162 Park Street	City Hartford	State CT	Zip Code 06106
Principal Occupation Owner	Name of Employer USA Properties LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/08/2023	

SUBTOTAL Section B - This Page	450.00
TOTAL of additional Section B Pages	24358.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>		\$	0.00
B. Itemized Contributions from Individuals			
Last Name Johnson		First Shari	MI
Residential Street Address 97 Vine Street 209		City Hartford	State CT
Principal Occupation Pharmacy Technician		Name of Employer Trinity Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/17/2023	Aggregate Contributions 45.00
Last Name Roberts		First Tasha	MI
Residential Street Address 64 Bates Street		City Hartford	State CT
Principal Occupation		Name of Employer Hartford Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/07/2023	Aggregate Contributions 5.00
Last Name Dormon		First Candice	MI
Residential Street Address 26 Roydon Road		City New Haven	State CT
Principal Occupation Consultant		Name of Employer Self employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 800.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/20/2023	Aggregate Contributions 850.00
SUBTOTAL Section B - This Page		825.00	
TOTAL of additional Section B Pages		23983.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Lebron for Hartford	TYPE OF REPORT JUL10
---	--------------------------------

A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>	\$ 0.00
--	---------

B. Itemized Contributions from Individuals

Last Name Ortiz	First Abner	MI
Residential Street Address 235 Farmington Avenue	City Hartford	State CT
Zip Code 06105	Name of Employer DHL	
Principal Occupation	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	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="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 218.53
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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	Date Received 06/23/2023
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Contributions 1,000.00	

Last Name Maria Diaz	First Ines	MI
Residential Street Address 181 Oakwood Avenue	City West Hartford	State CT
Zip Code 06119	Name of Employer	
Principal Occupation	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	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="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 40.00
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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	Date Received 06/03/2023
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Contributions 40.00	

Last Name Williams	First Patrick	MI
Residential Street Address 154 Collins Street Apartment C2	City Hartford	State CT
Zip Code 06105	Name of Employer Catholic Charities Archdiocese of Hartford	
Principal Occupation Community School Director	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	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="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 25.00
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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	Date Received 06/25/2023
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Contributions 125.00	

SUBTOTAL Section B - This Page	283.53
TOTAL of additional Section B Pages	24524.51
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
Lebron for Hartford		JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>		\$ 0.00
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name Vargas		First Amado	MI
Residential Street Address 26 Paley Farm Road		City Portland	State CT
		Zip Code 06480-1021	
Principal Occupation Attorney		Name of Employer VCW Law Firm	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/19/2023	
		Aggregate Contributions 100.00	
Last Name Martir		First Joel	MI
Residential Street Address 693 Park Street		City Hartford	State CT
		Zip Code 06106	
Principal Occupation Owner		Name of Employer Hip Stop	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/13/2023	
		Aggregate Contributions 1,000.00	
Last Name Gracia		First Priscilla	MI
Residential Street Address 45 Glenwood Street		City Manchester	State CT
		Zip Code 06040	
Principal Occupation Student		Name of Employer Student	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	
		Aggregate Contributions 539.80	

SUBTOTAL Section B - This Page	1,200.00
TOTAL of additional Section B Pages	23608.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name McNair		First William		MI
Residential Street Address 128 Oxford St		City Hartford	State CT	Zip Code 06105-2514
Principal Occupation Famous carpenter		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/04/2023	Aggregate Contributions 250.00	
Last Name Powell		First Joshua		MI
Residential Street Address 501 S Lake Dasha Dr		City Plantation	State FL	Zip Code 33324
Principal Occupation Software Engineer		Name of Employer Excella		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/18/2023	Aggregate Contributions 1,250.00	
Last Name Polinsky		First Jeffrey		MI L.
Residential Street Address 4 Lancaster Court		City Avon	State CT	Zip Code 06001
Principal Occupation Attorney		Name of Employer Polinsky Law Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 200.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/10/2023	Aggregate Contributions 200.00	
SUBTOTAL Section B - This Page			700.00	
TOTAL of additional Section B Pages			24108.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See Instructions for definition of Small Contributor)</small>		\$	0.00
B. Itemized Contributions from Individuals			
Last Name Gardner		First Judy	MI
Residential Street Address 47 Seneca Road		City West Hartford	State CT
Principal Occupation Executive Director		Name of Employer Town of Stafford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/27/2023	
		Aggregate Contributions 25.00	
Last Name Gary		First Albert	MI
Residential Street Address 189 Kenyon Street		City Hartford	State CT
Principal Occupation Project manager,		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/15/2023	
		Aggregate Contributions 250.00	
Last Name Mortir		First Aida	MI
Residential Street Address 221 Sisson Avenue		City Hartford	State CT
Principal Occupation Worker		Name of Employer Celebrations At Wolfies	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/26/2023	
		Aggregate Contributions 1,000.00	
SUBTOTAL Section B - This Page		1,275.00	
TOTAL of additional Section B Pages		23533.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Mujavar		First Abrar		MI	
Residential Street Address 44 Racebrook Drive A		City East Hartford		State CT	Zip Code 06108
Principal Occupation Student			Name of Employer Student		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2023	Aggregate Contributions 500.00		
Last Name Seidi		First Khadija		MI	
Residential Street Address 196 Laurel Street		City Hartford		State CT	Zip Code 06105
Principal Occupation Lpn			Name of Employer Kimberly hall		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/13/2023	Aggregate Contributions 50.00		
Last Name Dodge		First Dallas		MI	
Residential Street Address 188 Westmont		City West Hartford		State CT	Zip Code 06117
Principal Occupation Consultant			Name of Employer Rog & Lesg		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/01/2023	Aggregate Contributions 350.00		
SUBTOTAL Section B - This Page				800.00	
TOTAL of additional Section B Pages				24008.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A or Summary Page Totals)</i>				24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Botta		First Katy		MI
Residential Street Address 92 Spring Garden St		City Hamden	State CT	Zip Code 06517
Principal Occupation Director of Outreach		Name of Employer Seedlings Educators Collaborative		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/08/2023	Aggregate Contributions 25.00	
Last Name Brice		First Ulrick		MI
Residential Street Address 447 Tunxis Ave		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Logistics Officer		Name of Employer Army		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/02/2023	Aggregate Contributions 125.00	
Last Name Yennie		First Hyacinth		MI
Residential Street Address 190 Cheshire Street		City Hartford	State CT	Zip Code 06114
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/28/2023	Aggregate Contributions 50.00	
SUBTOTAL Section B - This Page			100.00	
TOTAL of additional Section B Pages			24708.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Feliciano	First Maria	MI
Residential Street Address 60 Locust Street 1st FL	City New Britain	State CT
		Zip Code 06051

Principal Occupation Advocate	Name of Employer Disability Rights Connecticut
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
Amount of Contribution	
100.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 06/07/2023
Aggregate Contributions 100.00	

Last Name Acosta	First Maria	MI
Residential Street Address 116 Brown Street	City Hartford	State CT
		Zip Code 06114

Principal Occupation Retired	Name of Employer Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
Amount of Contribution	
25.00	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 05/17/2023
Aggregate Contributions 25.00	

Last Name Singleton	First Erin	MI
Residential Street Address 140 Roydon Road	City New Haven	State CT
		Zip Code 06511

Principal Occupation Program Manager	Name of Employer Yale University
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No
Amount of Contribution	
15.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 06/08/2023
Aggregate Contributions 15.00	

SUBTOTAL Section B - This Page	140.00
TOTAL of additional Section B Pages	24668.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	\$ 0.00
B. Itemized Contributions from Individuals			
Last Name Powell		First Joshua	MI
Residential Street Address 501 S Lake Dasha Dr		City Plantation	State FL
Principal Occupation Software Engineer		Name of Employer Excella	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2023	
		Aggregate Contributions 1,250.00	
Last Name Bellon		First Migdalia	MI
Residential Street Address 41 West Beacon Street		City West Hartford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 60.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/03/2023	
		Aggregate Contributions 65.00	
Last Name Ortiz		First Chassity	MI
Residential Street Address 235 Farmington Avenue		City Hartford	State CT
Principal Occupation Pharmacy Tech		Name of Employer CVS Pharmacy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 600.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2023	
		Aggregate Contributions 1,000.00	
SUBTOTAL Section B - This Page		910.00	
TOTAL of additional Section B Pages		23898.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>			\$	0.00
B. Itemized Contributions from Individuals				
Last Name Crespo		First Pedro or		MI
Residential Street Address 616 Broadview Terrace		City Hartford	State CT	Zip Code 06106
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? <small>If yes, list Event # _____</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <small>If yes, indicate which branch or branches of government the contract is with:</small> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/03/2023	Aggregate Contributions 100.00	
Last Name Quinones		First Maraselis		MI
Residential Street Address		City New Haven	State CT	Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00	
Is this contribution associated with an event reported in Section L1? <small>If yes, list Event # _____</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <small>If yes, indicate which branch or branches of government the contract is with:</small> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 5.00	
Last Name Nunez		First Paul		MI
Residential Street Address 70 Marvel Rd		City New Haven	State CT	Zip Code 06515
Principal Occupation Lobbyist		Name of Employer Depino Nuñez Biggs		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 150.00	
Is this contribution associated with an event reported in Section L1? <small>If yes, list Event # _____</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <small>If yes, indicate which branch or branches of government the contract is with:</small> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2023	Aggregate Contributions 250.00	
SUBTOTAL Section B - This Page			255.00	
TOTAL of additional Section B Pages			24553.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	0.00
B. Itemized Contributions from Individuals			
Last Name Pedraza		First Jessenia	MI
Residential Street Address 19 Stedman Street		City Hartford	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 15.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/03/2023	Aggregate Contributions 15.00
Last Name McGill		First Tyrell	MI
Residential Street Address 250 Sigourney Street		City Hartford	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate Contributions 5.00
Last Name Fair		First Lisa	MI
Residential Street Address 112 Helaine Road		City Manchester	State CT
Principal Occupation Recruiter		Name of Employer Agile Defense	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/31/2023	Aggregate Contributions 50.00
SUBTOTAL Section B - This Page		70.00	
TOTAL of additional Section B Pages		24738.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Meade		First Rodney		MI
Residential Street Address 106 Lebanon Street		City Hartford	State CT	Zip Code 06112
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 5.00	
Last Name Ortiz		First Abner		MI
Residential Street Address 141 Woodland Street		City Hartford	State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 825.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2023	Aggregate Contributions 1,000.00	
Last Name Cohen		First Lauren		MI
Residential Street Address 42 Tumblebrook Road		City Woodbridge	State CT	Zip Code 06525
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/08/2023	Aggregate Contributions 25.00	
SUBTOTAL Section B - This Page			855.00	
TOTAL of additional Section B Pages			23953.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
	\$ 0.00

B. Itemized Contributions from Individuals

Last Name Brown	First William	MI M.
Residential Street Address 77 Hartford Avenue	City Hartford	State CT
Zip Code 06106		
Principal Occupation Retired	Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order	Date Received 04/28/2023	Aggregate Contributions 25.00
Last Name Pilgrim	First Andrew	MI
Residential Street Address 21 Woodland Drive	City Hartford	State CT
Zip Code 06105		
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 06/29/2023	Aggregate Contributions 5.00
Last Name Schooley	First Scott	MI
Residential Street Address 6 Woodside Circle	City Hartford	State CT
Zip Code 06105		
Principal Occupation Investment	Name of Employer Woodside Capital Management, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 06/30/2023	Aggregate Contributions 250.00

SUBTOTAL Section B - This Page	280.00
TOTAL of additional Section B Pages	24528.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Cartagena		First Brenda Marie		MI
Residential Street Address 28 Pine Grove Rd		City Bloomfield	State CT	Zip Code 06002
Principal Occupation CEO		Name of Employer Coach Brenda Marie LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2023	Aggregate Contributions 50.00	
Last Name Morales		First Angel		MI
Residential Street Address PO Box 261132		City Hartford	State CT	Zip Code 06106
Principal Occupation Outreach Liaison		Name of Employer Mdc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 10.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/23/2023	Aggregate Contributions 10.00	
Last Name Stephens		First Katrice		MI
Residential Street Address 30 Brown Street		City Hartford	State CT	Zip Code 06114
Principal Occupation		Name of Employer Catholic charities		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2023	Aggregate Contributions 20.00	
SUBTOTAL Section B - This Page			80.00	
TOTAL of additional Section B Pages			24728.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	0.00
B. Itemized Contributions from Individuals			
Last Name Sanchez		First Robert	MI
Residential Street Address 269 Washington Street 3rd Fl		City New Britain	State CT
Principal Occupation State Representative		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/18/2023	Aggregate Contributions 250.00
Last Name Ortiz		First Sunshine	MI
Residential Street Address 18 Essex St		City Hartford	State CT
Principal Occupation Account Manager Customer Service		Name of Employer Central Paper co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 315.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2023	Aggregate Contributions 485.00
Last Name Fair		First Howard	MI
Residential Street Address 896 Asylum Avenue		City Hartford	State CT
Principal Occupation Outreach		Name of Employer Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 218.53
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2023	Aggregate Contributions 218.53
SUBTOTAL Section B - This Page		783.53	
TOTAL of additional Section B Pages		24024.51	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$	0.00
B. Itemized Contributions from Individuals				
Last Name Bullock		First Kasaad		MI
Residential Street Address 45 Ellsworth St		City West Haven	State CT	Zip Code 06516
Principal Occupation Associate		Name of Employer DelMonico hatter		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/08/2023	Aggregate Contributions 25.00	
Last Name Powell		First Joshua		MI
Residential Street Address 501 S Lake Dasha Dr		City Plantation	State FL	Zip Code 33324
Principal Occupation Software Engineer		Name of Employer Excella		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/18/2023	Aggregate Contributions 1,250.00	
Last Name Dejesus		First Raymond		MI
Residential Street Address 165 Sigourney Street		City Hartford	State CT	Zip Code 06105
Principal Occupation		Name of Employer Unemployed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 650.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2023	Aggregate Contributions 1,000.00	
SUBTOTAL Section B - This Page			925.00	
TOTAL of additional Section B Pages			23883.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name Roberts		First Pamela	MI MI
Residential Street Address 104 Waverly Street		City Hartford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/07/2023	
		Aggregate Contributions 30.00	
Last Name Cruz		First Ari	MI MI
Residential Street Address 51 Alps Drive		City East Hartford	State CT
Principal Occupation Admin		Name of Employer Lebron for Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 60.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/03/2023	
		Aggregate Contributions 130.00	
Last Name Dressler		First Jeffrey	MI MI
Residential Street Address 14 Whetten Road		City West Hartford	State CT
Principal Occupation Attorney		Name of Employer Dressler Strickland	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 750.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2023	
		Aggregate Contributions 1,000.00	
SUBTOTAL Section B - This Page		815.00	
TOTAL of additional Section B Pages		23993.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Colon	First Melvyn	MI
Residential Street Address 6 Fish Plain Road	City Clinton	State CT
	Zip Code 06413	
Principal Occupation Manager	Name of Employer Sina	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 06/02/2023	Aggregate Contributions 100.00

Last Name Amaro	First Sabrina	MI
Residential Street Address 113 Boulanger Ave	City West Hartford	State CT
	Zip Code 06110	
Principal Occupation Assistant manager	Name of Employer Michell Bradley llc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 450.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 06/23/2023	Aggregate Contributions 1,000.00

Last Name Edwards	First Jason	MI
Residential Street Address 488 Broadview Terr	City Hartford	State CT
	Zip Code 06106	
Principal Occupation Transit driver	Name of Employer Post Road stages	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 06/24/2023	Aggregate Contributions 75.00

SUBTOTAL Section B - This Page	575.00
TOTAL of additional Section B Pages	24233.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary/Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Ortiz		First Raymond		MI
Residential Street Address 18 Essex Street		City Hartford	State CT	Zip Code 06114
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/13/2023	Aggregate Contributions 20.00	
Last Name Schick		First David		MI
Residential Street Address 2209 Avenue I		City Brooklyn	State NY	Zip Code 11210
Principal Occupation Real Estate		Name of Employer Shelbourne Global		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 500.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/16/2023	Aggregate Contributions 500.00	
Last Name Bolds		First Marietta		MI
Residential Street Address 263 Main Street		City Hartford	State CT	Zip Code 06112
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 5.00	
SUBTOTAL Section B - This Page			525.00	
TOTAL of additional Section B Pages			24283.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0.00

B. Itemized Contributions from Individuals

Last Name Torres	First Jeremiah	MI	
Residential Street Address 336 Fairfield Ave	City Hartford	State CT	Zip Code 06114
Principal Occupation Bishop	Name of Employer Hrc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/22/2023	

Last Name Vazquez	First Ronnie	MI	
Residential Street Address 2 Park Place 10f	City Hartford	State CT	Zip Code 06106
Principal Occupation Project Manager	Name of Employer City of Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	

Last Name Roberts	First Melissa	MI	
Residential Street Address 56 Hampshire Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Rn	Name of Employer Hhcmg		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/22/2023	

SUBTOTAL Section B - This Page	175.00
TOTAL of additional Section B Pages	24633.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Kavteladze		First Nino		MI
Residential Street Address 164 Middle Turnpike West		City Manchester	State CT	Zip Code 06040
Principal Occupation Regional Coordinator		Name of Employer CCAOH		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/17/2023	Aggregate Contributions 55.00	
Last Name Quinones		First Andre		MI
Residential Street Address 707 Broadview Terrace		City Hartford	State CT	Zip Code 06106
Principal Occupation Truck driver		Name of Employer Allied van lines		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/01/2023	Aggregate Contributions 1,100.00	
Last Name Cruz		First Ari		MI
Residential Street Address 51 Alps Drive		City East Hartford	State CT	Zip Code 06108
Principal Occupation Admin		Name of Employer Lebron for Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/31/2023	Aggregate Contributions 130.00	
SUBTOTAL Section B - This Page			570.00	
TOTAL of additional Section B Pages			24238.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Plessinger		First Sandra		MI
Residential Street Address 13 Westridge Drive		City Simsbury	State CT	Zip Code 06070
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 150.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate Contributions 150.00	
Last Name Barela		First Debra		MI
Residential Street Address 1212 Main Street 510		City Hartford	State CT	Zip Code 06013
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/08/2023	Aggregate Contributions 25.00	
Last Name Fredlund		First Jason		MI
Residential Street Address 54 New Park Ave		City Hartford	State CT	Zip Code 06106
Principal Occupation Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/28/2023	Aggregate Contributions 75.00	
SUBTOTAL Section B - This Page			225.00	
TOTAL of additional Section B Pages			24583.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10

A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Weinstein	First Rachel	MI	
Residential Street Address 6625 Green Valley Circle Unit 306	City Culver City	State CA	Zip Code 90230
Principal Occupation Director	Name of Employer Braver Angels		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/02/2023	
		Aggregate Contributions 145.00	

Last Name Mitchell-Davis	First Tamara	MI	
Residential Street Address 385 Fairfield Avenue	City Hartford	State CT	Zip Code 06114
Principal Occupation Asst Director	Name of Employer Hps		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/14/2023	
		Aggregate Contributions 50.00	

Last Name Gonzalez-Robles	First Wanda	MI	
Residential Street Address 20 Rossetto Drive	City Manchester	State CT	Zip Code 06042
Principal Occupation Administrative	Name of Employer UConn Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 60.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2023	
		Aggregate Contributions 260.00	

SUBTOTAL Section B - This Page	130.00
TOTAL of additional Section B Pages	24678.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
	\$ 0.00

B. Itemized Contributions from Individuals

Last Name Lebron	First Shamika	MI	
Residential Street Address 99 Lincoln St	City Hartford	State CT	Zip Code 06106
Principal Occupation Self Employed	Name of Employer Shamika Lebron		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 500.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	
		Aggregate Contributions 650.00	
Last Name Brice	First Ulrick	MI	
Residential Street Address 447 Tunxis Ave	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Logistics Officer	Name of Employer Army		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	
		Aggregate Contributions 125.00	
Last Name Henderson	First Alisha	MI	
Residential Street Address 986 East St. S	City Suffield	State CT	Zip Code 06078
Principal Occupation Emergency Management	Name of Employer United States Air Force		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	
		Aggregate Contributions 75.00	

SUBTOTAL Section B - This Page	625.00
TOTAL of additional Section B Pages	24183.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Lewis Goorahoo		First Caroline		MI
Residential Street Address 150 Whitehall Drive		City East Hartford	State CT	Zip Code 06118
Principal Occupation Program Coordinator		Name of Employer Uconn Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/24/2023	Aggregate Contributions 50.00	
Last Name Martinez		First Mary		MI
Residential Street Address 7 Mary Shepard Place		City Hartford	State CT	Zip Code 06120
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/17/2023	Aggregate Contributions 205.00	
Last Name Wolfson		First John		MI
Residential Street Address 1 High Meadow Road		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Attorney		Name of Employer Feiner Wolfson LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/15/2023	Aggregate Contributions 450.00	
SUBTOTAL Section B - This Page			340.00	
TOTAL of additional Section B Pages			24468.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0.00

B. Itemized Contributions from Individuals

Last Name Nixon	First Helen	MI	
Residential Street Address 19 Sunset Street	City Hartford	State CT	Zip Code 06120
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/09/2023	

Last Name Diaz	First Ruthie	MI	
Residential Street Address 14 Hillside Avenue	City Hartford	State CT	Zip Code 06106
Principal Occupation Operator		Name of Employer Jet Blue	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 150.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2023	

Last Name Ruiz	First Aisha	MI	
Residential Street Address 94 Henry Street	City Hartford	State CT	Zip Code 06114
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	

SUBTOTAL Section B - This Page	255.00
TOTAL of additional Section B Pages	24553.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors Received this Period ONLY <small>(See Instructions for definition of Small Contributor)</small>		\$	0.00
B. Itemized Contributions from Individuals			

Last Name Cruz		First Ari		MI	
Residential Street Address 51 Alps Drive		City East Hartford		State CT	Zip Code 06108
Principal Occupation Admin			Name of Employer Lebron for Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 30.00	
Is this contribution associated with an event reported in Section L1? <small>If yes, list Event # _____</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <small>If yes, indicate which branch or branches of government the contract is with:</small> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 05/23/2023	Aggregate Contributions 130.00	

Last Name Pagan		First Melvin		MI	
Residential Street Address Hampton lane		City Bloomfield		State CT	Zip Code 06002
Principal Occupation Trucker			Name of Employer Town of East Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? <small>If yes, list Event # _____</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <small>If yes, indicate which branch or branches of government the contract is with:</small> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/20/2023	Aggregate Contributions 200.00	

Last Name Ramkissoon		First Dane		MI	
Residential Street Address 1 Gold Street 10b		City Hartford		State CT	Zip Code 06103
Principal Occupation COO			Name of Employer Kubera llc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? <small>If yes, list Event # _____</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <small>If yes, indicate which branch or branches of government the contract is with:</small> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/27/2023	Aggregate Contributions 100.00	

SUBTOTAL Section B - This Page		230.00
TOTAL of additional Section B Pages		24578.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>		24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	0.00
B. Itemized Contributions from Individuals			

B. Itemized Contributions from Individuals			
Last Name Phillips	First Jerry		
Residential Street Address 241 Sargents Street	City Hartford		
Principal Occupation	Name of Employer	State CT	Zip Code 06105

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	5.00
Method of Contribution:		Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2023	5.00	

Last Name Santos	First Leandro		
Residential Street Address 41 byrd Rd	City Wethersfield		
Principal Occupation Owner	Name of Employer Lo sano restaurante	State CT	Zip Code 06109

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	500.00
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2023	500.00	

Last Name Andaleeb	First Ace		
Residential Street Address 690 Albany Avenue	City Hartford		
Principal Occupation Owns property on Albany Avenue	Name of Employer	State CT	Zip Code 06112

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	500.00
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2023	500.00	

SUBTOTAL Section B - This Page	1,005.00
TOTAL of additional Section B Pages	23803.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Donovan	First David	MI	
Residential Street Address 179 Beacon Street	City Hartford	State CT	Zip Code 06105
Principal Occupation Business Analyst/Project Manager		Name of Employer Lane Construction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 120.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate Contributions 220.00

Last Name Kerr	First Scot	MI	
Residential Street Address 12 Lynnbrook Road	City Trumbull	State CT	Zip Code 06611
Principal Occupation Sales		Name of Employer SchoolMint, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2023	Aggregate Contributions 250.00

Last Name Callas	First Johnny	MI	
Residential Street Address 44 Secret Lake Road	City Canton	State CT	Zip Code 06019
Principal Occupation DCF Ombudsman		Name of Employer Dcf	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/01/2023	Aggregate Contributions 100.00

SUBTOTAL Section B - This Page	270.00
TOTAL of additional Section B Pages	24538.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Pennington		First Richard		MI
Residential Street Address 40 Rusley Street		City Hartford	State CT	Zip Code 06120
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 5.00	
Last Name Alves		First Arlindo		MI
Residential Street Address 1645 Park Street		City Hartford	State CT	Zip Code 06106
Principal Occupation Mechanic		Name of Employer Alves Motor Body		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/10/2023	Aggregate Contributions 100.00	
Last Name Duncan		First Bpb		MI
Residential Street Address 4 Holley Lane		City Prospect	State CT	Zip Code 06712
Principal Occupation Administration		Name of Employer Connecticut Children's		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/31/2023	Aggregate Contributions 250.00	
SUBTOTAL Section B - This Page			355.00	
TOTAL of additional Section B Pages			24453.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Clement	First Tennille	MI	
Residential Street Address 27 Adams Road	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Lpn	Name of Employer -		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 10.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/18/2023	Aggregate Contributions 50.00
Last Name Stevens	First Katelyn	MI	
Residential Street Address 12708 Summitview Ext	City Yakima	State WA	Zip Code 98908
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 10.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2023	Aggregate Contributions 10.00
Last Name Cruz	First Ari	MI	
Residential Street Address 51 Alps Drive	City East Hartford	State CT	Zip Code 06108
Principal Occupation Admin	Name of Employer Lebron for Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/13/2023	Aggregate Contributions 130.00

SUBTOTAL Section B - This Page	40.00
TOTAL of additional Section B Pages	24768.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0.00

B. Itemized Contributions from Individuals

Last Name Gibson	First Shakira	MI	
Residential Street Address 133 Roslyn Street	City Hartford	State CT	Zip Code 06106
Principal Occupation Assistant Planner		Name of Employer Shakira Gibson	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	
		Aggregate Contributions 25.00	

Last Name Morales	First Amalyn	MI	
Residential Street Address 28 Ward Place	City Hartford	State CT	Zip Code 06106
Principal Occupation Program Coordinator		Name of Employer CT Children's	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/18/2023	
		Aggregate Contributions 60.00	

Last Name Lebron	First Jennika	MI	
Residential Street Address 192 Laurel St	City Hartford	State CT	Zip Code 06105
Principal Occupation Special Events Coordinator		Name of Employer Hartford Communities That Care	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2023	
		Aggregate Contributions 1,025.00	

SUBTOTAL Section B - This Page	1,050.00
TOTAL of additional Section B Pages	23758.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name Chappell		First Arthur	MI
Residential Street Address 63 Ashford Street		City Hartford	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	
Last Name Salmon		First Cynthia	MI
Residential Street Address 49 Elmer Street 1st		City Hartford	State CT
Principal Occupation Social Worker		Name of Employer State of CT DCF	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	
Last Name Bashor		First Maberla	MI
Residential Street Address 144 Main Street Annex		City New Haven	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	
SUBTOTAL Section B - This Page		60.00	
TOTAL of additional Section B Pages		24748.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>			\$	0.00
B. Itemized Contributions from Individuals				
Last Name Valentin		First Amaury		MI
Residential Street Address 263		City Hartford	State CT	Zip Code 06114
Principal Occupation Student		Name of Employer Student		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 25.00	
Last Name Fernandez		First Georgina		MI
Residential Street Address 195 Sigourney Street		City Hartford	State CT	Zip Code 06105
Principal Occupation		Name of Employer Liberty Home Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/03/2023	Aggregate Contributions 25.00	
Last Name Hightower		First Gregory		MI
Residential Street Address 3 Lorraine Court		City Bloomfield	State CT	Zip Code 06002-3126
Principal Occupation Driver		Name of Employer USPS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/07/2023	Aggregate Contributions 25.00	
SUBTOTAL Section B - This Page			75.00	
TOTAL of additional Section B Pages			24733.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Lebron		First Melitza		MI
Residential Street Address 192 Laurel Street		City Hartford	State CT	Zip Code 06105
Principal Occupation Phlebotomist		Name of Employer Trinity Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order		Date Received 06/24/2023	Aggregate Contributions 1,000.00	
Last Name Lopez		First Diego		MI
Residential Street Address 172 Affect St		City Hartford	State CT	Zip Code 06106
Principal Occupation Youth Development		Name of Employer Compass Youth Collaborative		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/01/2023	Aggregate Contributions 125.00	
Last Name Johnson		First Wayne		MI
Residential Street Address 20 Donna Lane		City Windsor	State CT	Zip Code 06095
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/15/2023	Aggregate Contributions 50.00	
SUBTOTAL Section B - This Page			1,150.00	
TOTAL of additional Section B Pages			23658.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Weinstein		First Rachel		MI
Residential Street Address 6625 Green Valley Circle Unit 306		City Culver City	State CA	Zip Code 90230
Principal Occupation Director		Name of Employer Braver Angels		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/26/2023	Aggregate Contributions 145.00	
Last Name Capo		First Rose		MI
Residential Street Address 820 Wethersfield Avenue		City Hartford	State CT	Zip Code 06114
Principal Occupation Manager		Name of Employer Raxon Enterprise		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate Contributions 1,000.00	
Last Name Ortiz		First Raymond		MI
Residential Street Address 62 Vineland Terrace		City Hartford	State CT	Zip Code 06112
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 105.98
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2023	Aggregate Contributions 115.98	
SUBTOTAL Section B - This Page			1,130.98	
TOTAL of additional Section B Pages			23677.06	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Davidson		First Davida		MI
Residential Street Address 63 Wilson		City Hartford	State CT	Zip Code 06106
Principal Occupation Nurse		Name of Employer Hartford Healthcare		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 150.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/05/2023	Aggregate Contributions 485.39	
Last Name Adhin		First Naitram		MI
Residential Street Address 114 Dix Road, , Wethersfield		City Wethersfield	State CT	Zip Code 06109-2955
Principal Occupation Technician		Name of Employer Pratt & Whitney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/06/2023	Aggregate Contributions 250.00	
Last Name Lopez		First Isha		MI
Residential Street Address 35 Wakefield Circle		City East Hartford	State CT	Zip Code 06118
Principal Occupation Paralegal		Name of Employer Law office of Justin Freeman, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/17/2023	Aggregate Contributions 200.00	
SUBTOTAL Section B - This Page			600.00	
TOTAL of additional Section B Pages			24208.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Clement		First Tennille		MI
Residential Street Address 27 Adams Road		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Lpn		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 10.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/18/2023	Aggregate Contributions 50.00	
Last Name Flippen		First Cathy		MI
Residential Street Address 63 Wakefield Circle		City East Hartford	State CT	Zip Code 06118
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2023	Aggregate Contributions 100.00	
Last Name Jones		First Michael		MI A.
Residential Street Address 182 Campfield Avenue		City Hartford	State CT	Zip Code 06114
Principal Occupation Owner		Name of Employer Finemann Restorations LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 30.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/13/2023	Aggregate Contributions 30.00	
SUBTOTAL Section B - This Page			90.00	
TOTAL of additional Section B Pages			24718.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>		\$	0.00
B. Itemized Contributions from Individuals			
Last Name Roberts		First Pamela	MI
Residential Street Address 104 Waverly Street		City Hartford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/07/2023	Aggregate Contributions 30.00
Last Name Clement		First Tennille	MI
Residential Street Address 27 Adams Road		City Bloomfield	State CT
Principal Occupation Lpn		Name of Employer -	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 10.00
Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/18/2023	Aggregate Contributions 50.00
Last Name Santana		First Cassandra	MI
Residential Street Address 291 Buckingham Street		City Hartford	State CT
Principal Occupation Assistant		Name of Employer Inter Community	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2023	Aggregate Contributions 250.00
SUBTOTAL Section B - This Page		285.00	
TOTAL of additional Section B Pages		24523.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Chambers		First Michael		MI
Residential Street Address 2 Congress Street		City Hartford		State CT Zip Code 06114
Principal Occupation Attorney		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 500.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/26/2023	Aggregate Contributions 500.00	
Last Name Grant		First Tieka		MI
Residential Street Address 45 Belden Street Apt. A1		City Hartford		State CT Zip Code 06120
Principal Occupation Lead Medical Assistant		Name of Employer Charter Oak Health Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/03/2023	Aggregate Contributions 25.00	
Last Name Citron		First Lizzy		MI
Residential Street Address 142 School House Rd		City Newington		State CT Zip Code 06111
Principal Occupation Clinical Coordinator		Name of Employer American School for the Deaf		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2023	Aggregate Contributions 100.00	
SUBTOTAL Section B - This Page			575.00	
TOTAL of additional Section B Pages			24233.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Evans		First Kathy		MI
Residential Street Address 105 Newington Avenue		City Hartford		State CT Zip Code 06106
Principal Occupation Development Director		Name of Employer Opmad		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2023	Aggregate Contributions 25.00	
Last Name Vega		First Eliste		MI
Residential Street Address 330 Park Road		City West Hartford		State CT Zip Code 06119
Principal Occupation Manager		Name of Employer Edible Arrangements		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 10.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/10/2023	Aggregate Contributions 10.00	
Last Name Ortiz		First Yolanda		MI
Residential Street Address 303 Timrod Road		City Manchester		State CT Zip Code 06040
Principal Occupation Regional Coordinator		Name of Employer Ccfsa		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/31/2023	Aggregate Contributions 25.00	
SUBTOTAL Section B - This Page			60.00	
TOTAL of additional Section B Pages			24748.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			SUBTOTAL SECTION A	
			\$	0.00
B. Itemized Contributions from Individuals				
Last Name Salaman		First Marisol		MI
Residential Street Address 468 Woodbridge Street Unit 25		City Manchester	State CT	Zip Code 06042
Principal Occupation Fiscal Officer		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/01/2023	Aggregate Contributions 25.00	
Last Name Bronner		First Christopher		MI
Residential Street Address 66 Green Acres Road		City Harwinton	State CT	Zip Code 06791
Principal Occupation car dealer		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 5.00	
Last Name Reid		First Ethan		MI
Residential Street Address 37		City Glastonbury	State CT	Zip Code 06033
Principal Occupation Finance		Name of Employer Morgan Stanley		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 500.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2023	Aggregate Contributions 500.00	
SUBTOTAL Section B - This Page			530.00	
TOTAL of additional Section B Pages			24278.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lebron for Hartford	JUL10
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0.00
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Fredlund	First Jason	MI	
Residential Street Address 54 New Park Ave	City Hartford	State CT	Zip Code 06106
Principal Occupation Consultant	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2023	Aggregate Contributions 75.00

Last Name Whitaker	First Aisha	MI	
Residential Street Address 57 Ford Road	City Windsor	State CT	Zip Code 06095
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 25.00

Last Name Powell	First Joshua	MI	
Residential Street Address 501 S Lake Dasha Dr	City Plantation	State FL	Zip Code 33324
Principal Occupation Software Engineer	Name of Employer Excella		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2023	Aggregate Contributions 1,250.00

SUBTOTAL Section B - This Page	300.00
TOTAL of additional Section B Pages	24508.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>			\$ 0.00	
B. Itemized Contributions from Individuals				
Last Name Brown		First Christopher		MI T.
Residential Street Address 29 Birchwood Road		City Windsor	State CT	Zip Code 06095
Principal Occupation Librarian		Name of Employer Hpl		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/16/2023	Aggregate Contributions 25.00	
Last Name Toll		First Dacia		MI
Residential Street Address 127 Everit Street		City New Haven	State CT	Zip Code 06511
Principal Occupation Education Executive		Name of Employer Coursemojo		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 350.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 650.00	
Last Name Sanchez		First Claudia		MI
Residential Street Address 105 New Britain Avenue		City Hartford	State CT	Zip Code 06106
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/10/2023	Aggregate Contributions 20.00	
SUBTOTAL Section B - This Page			395.00	
TOTAL of additional Section B Pages			24413.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>		\$	0.00
B. Itemized Contributions from Individuals			
Last Name Hentschel		First Dolores	MI
Residential Street Address 31 Woodland Street		City Hartford	State CT
Principal Occupation Leadership Trainer		Name of Employer Leadership Greater Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/11/2023	Aggregate Contributions 250.00
Last Name Lean		First Samuel	MI
Residential Street Address 72 Breeswood Drive		City Windsor	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 5.00
Last Name Gomez		First Victor	MI
Residential Street Address I		City Hartford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2023	Aggregate Contributions 100.00
SUBTOTAL Section B - This Page		355.00	
TOTAL of additional Section B Pages		24453.04	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		24,808.04	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lebron for Hartford		JUL10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	0.00
B. Itemized Contributions from Individuals			
Last Name	First	MI	
Bap	Robert		
Residential Street Address	City	State	Zip Code
300 Sargent Street	Hartford	CT	06105
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	5.00
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2023	Aggregate Contributions 5.00

SUBTOTAL Section B - This Page	5.00
TOTAL of additional Section B Pages	24803.04
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, column A of Summary Page Totals)</i>	24,808.04

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
Lebron for Hartford		JUL10
H. Personal Funds of the Candidate Received this Period <i>(Candidate Committee ONLY)</i>		
Date of Receipt	Method of Payment:	Amount
06/29/2023	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	1,000.00

TOTAL SECTION H	1,000.00
------------------------	-----------------

III. NONMONETARY RECEIPTS (Sections M – O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT		
Lebron for Hartford				JUL10		
M. In-Kind Contributions						
Name Davida Davidson						
Street Address 63 Wilson			City Hartford		State CT	Zip Code 06106
Type of Contributor: <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other	Date Received 05/10/2023	Aggregate Contributions 485.39	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Fair Market Value of this Contribution 60.39	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Name 99 Cents Plus Bargain						
Street Address 1291 Albany Avenue			City Hartford		State CT	Zip Code 06112
Type of Contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input checked="" type="checkbox"/> Committee <input checked="" type="checkbox"/> Other	Date Received 05/01/2023	Aggregate Contributions 3.17	Description of In-Kind Contribution Office Supplies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Fair Market Value of this Contribution 3.17	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Name Nick Lebron						
Street Address 192 Laurel St			City Hartford		State CT	Zip Code 06105
Type of Contributor: <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other	Date Received 06/26/2023	Aggregate Contributions 1,664.98	Description of In-Kind Contribution candidate paid for food and supplies for fundraising event			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Fair Market Value of this Contribution 664.98	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
SUBTOTAL Section M – This Page					728.54	
TOTAL of additional Section M Pages					0.00	
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>					728.54	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Anedot		Date of Payment: 06/26/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			10.30
Name of Payee Michelle Buddy		Date of Payment: 05/02/2023	Method of Payment <input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			30.00
Name of Payee Anedot		Date of Payment: 04/17/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			1.30
Name of Payee NE Video Entertainment		Date of Payment: 04/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 103 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 1/2 Walker Street		City Manchester	State CT	Zip Code 06040
Purpose of Expenditure (by code) CNSLT	Descriptions Marketing, Videography	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			1,000.00
SUBTOTAL Section P – This Page			1,041.60	
TOTAL of additional Section P Pages			61779.41	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Howard Fair		Date of Payment: 05/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 118 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 896 Asylum Avenue		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			156.25
Name of Payee CVS		Date of Payment: 06/14/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1044 Boulevard		City West Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) WAGE	Descriptions	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			233.85
Name of Payee Dunkin Donuts		Date of Payment: 06/17/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions staff breakfast	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			49.38
Name of Payee Family Dollar		Date of Payment: 04/13/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 190 Farmington Avenue		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) OFFICE	Descriptions office supplies	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			9.57
SUBTOTAL Section P – This Page			449.05	
TOTAL of additional Section P Pages			62371.96	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Dunkin Donuts		Date of Payment: 05/27/2023	Method of Payment <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions staff breakfast	Event #	Amount 66.26	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Candice Dormon		Date of Payment: 06/06/2023	Method of Payment <input checked="" type="checkbox"/> Check # 133 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Roydon Road		City New Haven	State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Descriptions wage	Event #	Amount 2,500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Max Downtown		Date of Payment: 05/17/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Asylum Street		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) FOOD	Descriptions Fundraiser	Event #	Amount 234.24	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Anedot		Date of Payment: 04/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount 6.70	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
SUBTOTAL Section P - This Page			2,807.20	
TOTAL of additional Section P Pages			60013.81	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Anedot		Date of Payment: 04/29/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <small>(Itemization in Addendum P Required unless "None of the below" is checked)</small> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			3.60
Name of Payee Amazon		Date of Payment: 05/20/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Avenue North		City Seattle	State WA	Zip Code 98109
Purpose of Expenditure (by code) OFFICE	Descriptions	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <small>(Itemization in Addendum P Required unless "None of the below" is checked)</small> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			60.49
Name of Payee Candice Dormon		Date of Payment: 04/06/2023	Method of Payment <input checked="" type="checkbox"/> Check # 100 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Roydon Road		City New Haven	State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Descriptions Reimbursement to Candice Dormon	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <small>(Itemization in Addendum P Required unless "None of the below" is checked)</small> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			5,000.00
Name of Payee Anedot		Date of Payment: 06/01/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <small>(Itemization in Addendum P Required unless "None of the below" is checked)</small> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			1.30
SUBTOTAL Section P – This Page			5,065.39	
TOTAL of additional Section P Pages			57755.62	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Anedot		Date of Payment: 06/24/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			11.20
Name of Payee Kasaad Bullock		Date of Payment: 05/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 125 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Ellsworth St		City West Haven	State CT	Zip Code 06516
Purpose of Expenditure (by code) CNSLT	Descriptions Photography	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			300.00
Name of Payee CT Democratic Party		Date of Payment: 05/02/2023	Method of Payment <input checked="" type="checkbox"/> Check # 112 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 750 Main Street Ste. 1108-3		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) OVHD	Descriptions 2023 VAN Contract	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			800.00
Name of Payee Angel Figueroa		Date of Payment: 05/02/2023	Method of Payment <input checked="" type="checkbox"/> Check # 115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Guilford St		City Hartford	State CT	Zip Code 06120
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			265.00
SUBTOTAL Section P – This Page			1,376.20	
TOTAL of additional Section P Pages			61444.81	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Isis Wylie		Date of Payment: 05/31/2023	Method of Payment <input checked="" type="checkbox"/> Check # 127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Main Street		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser		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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			77.20
Name of Payee Anedot		Date of Payment: 06/08/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			24.60
Name of Payee Anedot		Date of Payment: 05/25/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			0.70
Name of Payee Olive Garden		Date of Payment: 04/27/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1441 New Britain Avenue		City West Hartford	State CT	Zip Code 06110
Purpose of Expenditure (by code) FOOD	Descriptions		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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			291.68
SUBTOTAL Section P — This Page			394.18	
TOTAL of additional Section P Pages			62426.83	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment:	Method of Payment	
Rinconcito Peruano		06/14/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
391 Main Street		Hartford	CT	06106
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
FOOD				
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			43.00
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
Wolfies Inflatables		06/28/2023	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
153 Bushnell Street		Hartford	CT	06114
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
BNK				
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			1,974.51
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
Anedot		06/28/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1340 Poydras Street		New Orleans	LA	70112
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
BNK	Anedot Fees			
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			39.50
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
Max Downtown		05/17/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
185 Asylum Street		Hartford	CT	06103
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
FOOD	Fundraiser			
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			69.70
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
SUBTOTAL Section P – This Page			2,126.71	
TOTAL of additional Section P Pages			60694.30	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE			62,821.01	
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee 363 Main Street		Date of Payment: 06/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 134 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 363 Main Street		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) OVHD	Descriptions Rent	Event #	Amount 1,500.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Jordanna Hertz		Date of Payment: 04/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Concord Street		City West Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) CNSLT	Descriptions Marketing	Event #	Amount 700.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Dunkin Donuts		Date of Payment: 05/06/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions staff meal	Event #	Amount 68.38	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Anedot		Date of Payment: 04/19/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount 12.30	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
SUBTOTAL Section P – This Page			2,280.68	
TOTAL of additional Section P Pages			60540.33	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column 4 of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Angel Figueroa		Date of Payment: 05/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 122 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Guilford St		City Hartford	State CT	Zip Code 06120
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			60.00
Name of Payee Anedot		Date of Payment: 05/07/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			20.90
Name of Payee Black Eyed Sally's		Date of Payment: 05/24/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 350 Asylum Street		City Norwich	State CT	Zip Code 06360
Purpose of Expenditure (by code) FOOD	Descriptions	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			49.22
Name of Payee Panera Bread		Date of Payment: 05/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 114 Woodland Street		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meal	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			26.94
SUBTOTAL Section P - This Page			157.06	
TOTAL of additional Section P Pages			62663.95	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Yamilka Rolon		Date of Payment: 06/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 137 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			142.50
Name of Payee Black Eyed Sally's		Date of Payment: 05/24/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 350 Asylum Street		City Norwich	State CT	Zip Code 06360
Purpose of Expenditure (by code) FOOD	Descriptions	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			12.74
Name of Payee Dunkin Donuts		Date of Payment: 05/13/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions staff breakfast	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			65.41
Name of Payee Anedot		Date of Payment: 04/27/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			20.30
SUBTOTAL Section P - This Page			240.95	
TOTAL of additional Section P Pages			62580.06	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment:	Method of Payment	
Anedot		05/05/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1340 Poydras Street		New Orleans	LA	70112
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
BNK	Anedot Fees			
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			14.60
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
Shenice Morris		04/18/2023	<input checked="" type="checkbox"/> Check # 105 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
63 Huntington Street		Hartford	CT	06105
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
WAGE	Staff Wage			
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			616.60
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
New Way Forward Strategies		06/27/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
5255 Stevens Creek Boulevard Suite #358		Santa Clara	CA	95051
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
CNSLT	Campaign Consultant			
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			1,000.00
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
Shenice Morris		04/10/2023	<input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
63 Huntington Street		Hartford	CT	06105
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
WAGE	Staff Wage			
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			745.20
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
SUBTOTAL Section P – This Page			2,376.40	
TOTAL of additional Section P Pages			60444.61	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Anedot		Date of Payment: 05/11/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <small>(Itemization in Addendum P Required unless "None of the below" is checked)</small> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			4.30
Name of Payee Candice Dormon		Date of Payment: 05/09/2023	Method of Payment <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Roydon Road		City New Haven	State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Descriptions wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <small>(Itemization in Addendum P Required unless "None of the below" is checked)</small> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			5,000.00
Name of Payee Red Tie		Date of Payment: 06/28/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1424 Jabbok Place Northwest		City Concord	State NC	Zip Code 28027
Purpose of Expenditure (by code) A-SIGN	Descriptions	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <small>(Itemization in Addendum P Required unless "None of the below" is checked)</small> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			3,190.50
Name of Payee Isis Wylie		Date of Payment: 05/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Main Street		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <small>(Itemization in Addendum P Required unless "None of the below" is checked)</small> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			156.25
SUBTOTAL Section P - This Page			8,351.05	
TOTAL of additional Section P Pages			54469.96	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Lebron for Hartford				JUL10	
P. Expenses Paid by Committee					
Name of Payee Anedot			Date of Payment: 06/12/2023		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1340 Poydras Street		City New Orleans		State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD				11.60
Name of Payee C-Town Supermarket			Date of Payment: 05/09/2023		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1744 Park Street		City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meal		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD				13.97
Name of Payee New Way Forward Strategies			Date of Payment: 06/15/2023		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 5255 Stevens Creek Boulevard Suite #358		City Santa Clara		State CA	Zip Code 95051
Purpose of Expenditure (by code) CNSLT	Descriptions Campaign Consultant		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD				3,000.00
Name of Payee Anedot			Date of Payment: 06/30/2023		Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1340 Poydras Street		City New Orleans		State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD				47.60
SUBTOTAL Section P — This Page					3,073.17
TOTAL of additional Section P Pages					59747.84
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					62,821.01

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Kolfosal Koncepts LLC		Date of Payment: 04/13/2023	Method of Payment <input checked="" type="checkbox"/> Check # 104 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) A-SIGN	Descriptions Marketing	Event #	Amount 150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Anedot		Date of Payment: 05/17/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount 43.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Anedot		Date of Payment: 06/30/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount 93.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Anedot		Date of Payment: 06/10/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount 6.80	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
SUBTOTAL Section P – This Page			293.20	
TOTAL of additional Section P Pages			62527.81	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment:	Method of Payment	
Jennika Lebron		06/27/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
192 Laurel St		Hartford	CT	06105
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
WAGE	Bookkeeping Consultant			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			135.00
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
Puerta Vallarta		04/04/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
200 Main Street		Middletown	CT	06457
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
FOOD	Staff Meal			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			136.62
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
Anedot		06/20/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1340 Poydras Street		New Orleans	LA	70112
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
BNK	Anedot Fees			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			5.00
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee		Date of Payment:	Method of Payment	
Integrated Solutions: Political		04/01/2023	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
4142 Adams Avenue Suite 103-550		San Diego	CA	92116
Purpose of Expenditure (by code)	Descriptions	Event #	Amount	
OVHD	Client Management System			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			300.00
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
SUBTOTAL Section P - This Page			576.62	
TOTAL of additional Section P Pages			62244.39	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Kollosal Koncepts LLC		Date of Payment: 05/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) A-SIGN	Descriptions Marketing	Event #	Amount 225.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Aqui Me Quedo		Date of Payment: 06/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Albany Avenue		City Hartford	State CT	Zip Code 06120
Purpose of Expenditure (by code) FOOD	Descriptions Fundraiser	Event #	Amount 223.12	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Dunkin Donuts		Date of Payment: 04/27/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions staff meal	Event #	Amount 7.92	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Anedot		Date of Payment: 05/15/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount 4.60	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
SUBTOTAL Section P – This Page			460.64	
TOTAL of additional Section P Pages			62360.37	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Lebron for Hartford				JUL10	
P. Expenses Paid by Committee					
Name of Payee Howard Fair			Date of Payment: 06/03/2023		Method of Payment <input checked="" type="checkbox"/> Check # 130 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 896 Asylum Avenue		City Hartford		State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD				137.50
Name of Payee New Way Forward Strategies			Date of Payment: 04/27/2023		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 5255 Stevens Creek Boulevard Suite #358		City Santa Clara		State CA	Zip Code 95051
Purpose of Expenditure (by code) CNSLT	Descriptions Campaign Consultant		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD				1,200.00
Name of Payee Burger King			Date of Payment: 05/02/2023		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 811 Main Street		City Hartford		State CT	Zip Code 06103
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meal		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD				15.02
Name of Payee Anedot			Date of Payment: 05/27/2023		Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1340 Poydras Street		City New Orleans		State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD				5.60
SUBTOTAL Section P – This Page					1,358.12
TOTAL of additional Section P Pages					61462.89
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					62,821.01

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Jurisdiction)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Jennika Lebron		Date of Payment: 04/20/2023	Method of Payment <input checked="" type="checkbox"/> Check # 106 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 192 Laurel St		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Bookkeeping Consultant	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD		400.00	
Name of Payee Howard Fair		Date of Payment: 05/02/2023	Method of Payment <input checked="" type="checkbox"/> Check # 111 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 896 Asylum Avenue		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD		75.00	
Name of Payee Howard Fair		Date of Payment: 06/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 138 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 896 Asylum Avenue		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD		275.00	
Name of Payee Anedot		Date of Payment: 05/03/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD		34.90	
SUBTOTAL Section P — This Page			784.90	
TOTAL of additional Section P Pages			62036.11	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee New Way Forward Strategies		Date of Payment: 05/16/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5255 Stevens Creek Boulevard Suite #358		City Santa Clara	State CA	Zip Code 95051
Purpose of Expenditure (by code) CNSLT	Descriptions Campaign Consultant		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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			3,000.00
Name of Payee Isis Wylie		Date of Payment: 06/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 135 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Main Street		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser		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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			214.00
Name of Payee Ari Cruz		Date of Payment: 05/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 121 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Alps Drive		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			392.00
Name of Payee NE Video Entertainment		Date of Payment: 04/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 3 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 1/2 Walker Street		City Manchester	State CT	Zip Code 06040
Purpose of Expenditure (by code) CNSLT	Descriptions Marketing, Videography		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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			1,000.00
SUBTOTAL Section P - This Page			4,606.00	
TOTAL of additional Section P Pages			58215.01	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Georges Pizza Restaurant		Date of Payment: 04/13/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2027 Park Street		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) FOOD	Descriptions staff meal	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			184.86
Name of Payee Ari Cruz		Date of Payment: 06/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Alps Drive		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			324.00
Name of Payee Leticia Reyes		Date of Payment: 06/15/2023	Method of Payment <input checked="" type="checkbox"/> Check # 136 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			135.00
Name of Payee Shenice Morris		Date of Payment: 06/03/2023	Method of Payment <input checked="" type="checkbox"/> Check # 131 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Huntington Street		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			900.00
SUBTOTAL Section P — This Page			1,543.86	
TOTAL of additional Section P Pages			61277.15	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Jordanna Hertz		Date of Payment: 04/11/2023	Method of Payment <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Concord Street		City West Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) CNSLT	Descriptions Marketing	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			700.00
Name of Payee Anedot		Date of Payment: 06/04/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			16,080.00
Name of Payee The Russell Restaurant		Date of Payment: 04/26/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 187 Allyn Street		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) FNDR	Descriptions Fundraiser Event	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			141.60
Name of Payee Zion Vernette		Date of Payment: 05/02/2023	Method of Payment <input checked="" type="checkbox"/> Check # 109 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			30.00
SUBTOTAL Section P – This Page			16,951.60	
TOTAL of additional Section P Pages			45869.41	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Ari Cruz		Date of Payment: 06/01/2023	Method of Payment <input checked="" type="checkbox"/> Check # 129 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Alps Drive		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount 403.20	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Anedot		Date of Payment: 04/09/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount 11.60	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Anedot		Date of Payment: 06/22/2023	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount 55.20	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
Name of Payee Michelle Buddy		Date of Payment: 05/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions wage	Event #	Amount 104.85	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			
SUBTOTAL Section P -- This Page			574.85	
TOTAL of additional Section P Pages			62246.16	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Dunkin Donuts		Date of Payment: 04/18/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions staff meal	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			12.37
Name of Payee Walmart		Date of Payment: 04/13/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2300 Dixwell Avenue		City Hamden	State CT	Zip Code 06514
Purpose of Expenditure (by code) OFFICE	Descriptions Office Supplies	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			208.14
Name of Payee New Way Forward Strategies		Date of Payment: 05/16/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5255 Stevens Creek Boulevard Suite #358		City Santa Clara	State CA	Zip Code 95051
Purpose of Expenditure (by code) CNSLT	Descriptions Campaign Consultant	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			3,000.00
Name of Payee Isis Wylie		Date of Payment: 05/02/2023	Method of Payment <input checked="" type="checkbox"/> Check # 108 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Main Street		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			30.00
SUBTOTAL Section P - This Page			3,250.51	
TOTAL of additional Section P Pages			59570.50	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Anedot		Date of Payment: 05/19/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			22.60
Name of Payee Zion Vernette		Date of Payment: 05/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 120 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			136.20
Name of Payee Amazon		Date of Payment: 05/20/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Avenue North		City Seattle	State WA	Zip Code 98109
Purpose of Expenditure (by code) OFFICE	Descriptions	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			11.69
Name of Payee Max Downtown		Date of Payment: 05/17/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Asylum Street		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) FOOD	Descriptions Fundraiser	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			10.47
SUBTOTAL Section P - This Page			180.96	
TOTAL of additional Section P Pages			62640.05	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Shenice Morris		Date of Payment: 05/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Huntington Street		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Bi-Weekly wages	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			548.60
Name of Payee Yamilka Rolon		Date of Payment: 06/30/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			67.30
Name of Payee Shenice Morris		Date of Payment: 04/28/2023	Method of Payment <input checked="" type="checkbox"/> Check # 107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Huntington Street		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			501.20
Name of Payee Budget Printers & Embroiders		Date of Payment: 06/06/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1718 Park Street		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) PRNT	Descriptions	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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			391.37
SUBTOTAL Section P – This Page			1,508.47	
TOTAL of additional Section P Pages			61312.54	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lebron for Hartford			JUL10	
P. Expenses Paid by Committee				
Name of Payee Aurora's Bakery Restaurant		Date of Payment: 04/20/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 399 Capitol Avenue		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meal	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			45.87
Name of Payee Shenice Morris		Date of Payment: 06/17/2023	Method of Payment <input checked="" type="checkbox"/> Check # 139 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Huntington Street		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			875.00
Name of Payee Sam Ash		Date of Payment: 04/19/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Amity Road		City New Haven	State CT	Zip Code 06525
Purpose of Expenditure (by code) OFFICE	Descriptions Office supplies	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			60.57
Name of Payee Anedot		Date of Payment: 04/05/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			6.60
SUBTOTAL Section P – This Page			988.04	
TOTAL of additional Section P Pages			61832.97	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			62,821.01	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Lebron for Hartford			JUL10		
P. Expenses Paid by Committee					
Name of Payee Anedot		Date of Payment: 06/02/2023	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 1340 Poydras Street		City New Orleans	State LA	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	Event #	Amount		
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: oA oB oC oD			3.60	

SUBTOTAL Section P – This Page	3.60
TOTAL of additional Section P Pages	62817.41
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	62,821.01

