

SEEC FORM 20

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



TOWN & CITY CLERK
 2023 JUL 10 PM 12:28
 Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Camaño for Hartford			
2. TREASURER NAME			
First Eduardo	MI A.	Last Miranda	Suffix
3. TREASURER ADDRESS			
Street Address 50 Elm Drive	City West Hartford	State CT	Zip Code 06110
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11-7-2023		5. OFFICE SOUGHT (Complete only if Candidate Committee)	
		6. DISTRICT NUMBER (if applicable)	
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Oscar	MI A.	Last Camaño	Suffix
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input checked="" type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	_____
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date 4/27/23	thru	Ending Date 6-30-2023	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
 _____ TREASURER OR DEPUTY TREASURER (SIGNATURE)	Eduardo Miranda _____ PRINT NAME OF SIGNER	7-9-2023 _____ DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	\$ 8,230	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$ 8,230	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)	\$ 4,184.54	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$ 4,045.46	
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance	0	
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	\$ 50	
27. Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				\$	
B. Itemized Contributions from Individuals					
Last Name Woolsey		First Teddy		MI	
Residential Street Address 4540 Center Blvd Apt 2801		City Long Island		State NY	Zip Code 11109
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 \$10-	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 5-11-2023		Aggregate Contributions	
Last Name Green		First Adrian		MI	
Residential Street Address 35 Woodmere Road		City Bridgewater		State CT	Zip Code 06610
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 \$50-	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 5-19-23		Aggregate Contributions	
Last Name Manciero		First Andrew		MI	
Residential Street Address 2391 Whitney Avenue		City Hamden		State CT	Zip Code 06518
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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-	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 5-19-23		Aggregate Contributions	
SUBTOTAL Section B — This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name Cruz		First Giuseppe	MI
Residential Street Address 24 Park Place #26F		City Hartford	State CT
Residential Street Address 24 Park Place #26F		City Hartford	Zip Code 06106
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? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$100-
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 5-19-23	Aggregate Contributions
Last Name Gonzalez		First Angel	MI
Residential Street Address 1061 George Ave		City Rockledge	State FL
Residential Street Address 1061 George Ave		City Rockledge	Zip Code 32955
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? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$100-
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 5-19-23	Aggregate Contributions
Last Name Coker		First Kendell	MI
Residential Street Address 221 Trumbull Street Apt #605		City Hartford	State CT
Residential Street Address 221 Trumbull Street Apt #605		City Hartford	Zip Code 06103
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? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$50-
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 5-19-23	Aggregate Contributions
SUBTOTAL Section B -- This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	
SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
Last Name <i>Custina</i>		First <i>Marc</i>	
Residential Street Address <i>32 Whitman Avenue</i>		City <i>West Hartford</i>	State <i>CT</i> Zip Code <i>06107</i>
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 type="checkbox"/> No	Amount of Contribution	
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>	\$100-	
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 <i>5-19-23</i>	Aggregate Contributions	
Last Name <i>O'Leary</i>		First <i>John</i>	
Residential Street Address <i>16 Rockland Drive</i>		City <i>Enfield</i>	State <i>CT</i> Zip Code <i>06082</i>
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>	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>	\$100-	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate Contributions	
Last Name <i>James</i>		First <i>Ethan</i>	
Residential Street Address <i>221 Trumbull Street</i>		City <i>Hartford</i>	State <i>CT</i> Zip Code <i>06103</i>
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>	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>	\$250	
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 <i>5-20-23</i>	Aggregate Contributions	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor)		\$	
B. Itemized Contributions from Individuals			
Last Name <i>Tardif</i>		First <i>Scott</i>	
Residential Street Address <i>21 Temple Street Apt 506</i>		City <i>Hartford</i>	State <i>CT</i> Zip Code <i>06103</i>
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>5-22-23</i>	Aggregate Contributions
Last Name <i>Spevacek</i>		First <i>Dylan</i>	
Residential Street Address <i>25 Thomas Street</i>		City <i>West Hartford</i>	State <i>CT</i> Zip Code <i>06119</i>
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>5-24-23</i>	Aggregate Contributions
Last Name <i>Lebron</i>		First <i>Nick</i>	
Residential Street Address <i>192 Laurel Street</i>		City <i>Hartford</i>	State <i>CT</i> Zip Code <i>06105</i>
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>5-16-23</i>	Aggregate Contributions
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Amount of Contribution
\$50-

Amount of Contribution
\$100-

Amount of Contribution
\$100

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name <i>Rivera</i>		First <i>Juan</i>	
Residential Street Address <i>15 Chapman Street</i>		City <i>Hartford</i>	
		State <i>CT</i>	
		Zip Code <i>06114</i>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
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 <i>5-24-23</i>	
		Aggregate Contributions	
Last Name <i>Rivera</i>		First <i>David</i>	
Residential Street Address <i>85 Larchmont Circle</i>		City <i>Stratford</i>	
		State <i>CT</i>	
		Zip Code	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
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 <i>5-24-23</i>	
		Aggregate Contributions	
Last Name <i>Bellucci</i>		First <i>Harry</i>	
Residential Street Address <i>18 Lostbrook Road</i>		City <i>West Hartford</i>	
		State <i>CT</i>	
		Zip Code <i>06117</i>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
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 <i>5-25-23</i>	
		Aggregate Contributions	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

\$200-

\$50

\$50-

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$	
B. Itemized Contributions from Individuals			
Last Name <i>Coker</i>		First <i>Kendall</i>	
Residential Street Address <i>221 Trumbull Street Apt # 605</i>		City <i>Hartford</i>	
Principal Occupation		State <i>CT</i>	
Name of Employer		Zip Code <i>06103</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input 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?	\$50-
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input 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:	
Method of Contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		<i>5-30-23</i>	Aggregate Contributions
Last Name <i>iii</i>		First <i>Floyd</i>	
Residential Street Address <i>1316 S Asylum Street Apt #2</i>		City <i>Hartford</i>	
Principal Occupation		State <i>CT</i>	
Name of Employer		Zip Code <i>06103</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input 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?	\$250-
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input 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:	
Method of Contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		<i>5-31-23</i>	Aggregate Contributions
Last Name <i>Rochester</i>		First <i>Andre</i>	
Residential Street Address <i>48 Prospect Street</i>		City <i>East Hartford</i>	
Principal Occupation		State <i>CT</i>	
Name of Employer		Zip Code <i>06108</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input 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?	\$100-
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input 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:	
Method of Contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		<i>6-7-23</i>	Aggregate Contributions
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$	
SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
Last Name <i>Conception</i>		First <i>Julio</i>	
Residential Street Address <i>3 Linden Place Unit A</i>		City <i>Hartford</i>	
Principal Occupation		State <i>CT</i>	
		Zip Code <i>06103</i>	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution	
		<i>\$100-</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Money Order		Date Received <i>6-7-23</i>	Aggregate Contributions
Last Name <i>Mathis</i>		First <i>Felipe</i>	
Residential Street Address <i>113 Jerry Daniels Road</i>		City <i>Marlborough</i>	
Principal Occupation		State <i>CT</i>	
		Zip Code <i>06447</i>	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution	
		<i>\$100-</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>6-7-23</i>	Aggregate Contributions
Last Name <i>Chen</i>		First <i>John</i>	
Residential Street Address <i>11 Huntington Drive</i>		City <i>West Hartford</i>	
Principal Occupation		State <i>CT</i>	
		Zip Code <i>06117</i>	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution	
		<i>\$250</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>6-7-23</i>	Aggregate Contributions
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(Enter total on Line 13, Column A of Summary Page Totals)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name <i>Macias</i>		First <i>Jesse</i>	MI
Residential Street Address <i>108 Washington Ave</i>		City <i>East Hartford</i>	State <i>CT</i> Zip Code <i>06118</i>
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 LI? <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"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <i>6-8-23</i>	Aggregate Contributions	
Last Name <i>DeLuca</i>		First <i>Joseph</i>	MI
Residential Street Address <i>48 Charest Lane</i>		City <i>Agawan</i>	State <i>MA</i> Zip Code <i>01001</i>
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 LI? <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"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <i>5-16-23</i>	Aggregate Contributions	
Last Name <i>Will</i>		First <i>Anthony</i>	MI
Residential Street Address <i>36 Andrew Drive</i>		City <i>East Hartford</i>	State <i>CT</i> Zip Code <i>06018</i>
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 LI? <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"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received <i>6-8-23</i>	Aggregate Contributions	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	
SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
Last Name St. Juste		First Walden	
Residential Street Address Torwood 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 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 type="checkbox"/> No	Amount of Contribution	
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>	\$150-	
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 6-10-23	Aggregate Contributions
Last Name Rivera		First Kevin	
Residential Street Address 49 Girard Ave		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 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 type="checkbox"/> No	Amount of Contribution	
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>	\$25	
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 6-14-23	Aggregate Contributions
Last Name Nadler		First James	
Residential Street Address 915 Main Street #509		City Hartford	State CT Zip Code 06103
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution	
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>	\$250-	
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 6-17-23	Aggregate Contributions
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

I. MONETARY RECEIPTS (Sections A--K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	
B. Itemized Contributions from Individuals			
Last Name Goldblatt		First Hilary	
Residential Street Address 915 Main Street #509		City Hartford	
Principal Occupation		State CT	
		Zip Code 06103	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input 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 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 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
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		6-17-23	
		Amount of Contribution \$250-	
Last Name Merah		First Adaeze	
Residential Street Address 5 Daniel Blvd		City Bloomfield	
Principal Occupation		State CT	
		Zip Code 06002	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input 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 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 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
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		6-19-23	
		Amount of Contribution \$100-	
Last Name Valliere		First Jacqueline	
Residential Street Address 2 Barrington Drive		City Bethersfield	
Principal Occupation		State CT	
		Zip Code 06109	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input 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 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 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
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		6-19-23	
		Amount of Contribution \$250-	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	
SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
Last Name <i>Raiani</i>		First <i>Curtis</i>	
Residential Street Address <i>69 Pratt Street Apt 4</i>		City <i>Hartford</i>	
State <i>CT</i>		Zip Code <i>06103</i>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
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 <i>6-19-23</i>	
		Aggregate Contributions	
Last Name <i>Colon</i>		First <i>Julio</i>	
Residential Street Address <i>5 Turning Ave</i>		City <i>Waterbury</i>	
State <i>CT</i>		Zip Code <i>06705</i>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
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 <i>6-21-23</i>	
		Aggregate Contributions	
Last Name <i>Dhulipalla</i>		First <i>Praveen</i>	
Residential Street Address <i>6e Thatcher Terrace</i>		City <i>Farmington</i>	
State <i>CT</i>		Zip Code <i>06032</i>	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
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 <i>6-25-23</i>	
		Aggregate Contributions	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

\$185-

\$50-

\$5-

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name <i>Kenny</i>		First <i>Kevin</i>		MI	
Residential Street Address <i>7 Fern Street</i>		City <i>Rocky Hill</i>		State <i>CT</i>	Zip Code <i>06067</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution <i>\$50-</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>5-16-23</i>	Aggregate Contributions		
Last Name <i>Deleston</i>		First <i>Jorge</i>		MI	
Residential Street Address <i>19 Park Street</i>		City <i>Stafford Springs</i>		State <i>CT</i>	Zip Code <i>06076</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution <i>\$50-</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>6-26-23</i>	Aggregate Contributions		
Last Name <i>Cartee</i>		First <i>Guy</i>		MI	
Residential Street Address <i>5 Constitution Plaza #606</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06103</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution <i>\$50-</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>6-27-23</i>	Aggregate Contributions		
SUBTOTAL Section B — This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name <i>Cristofaro</i>		First <i>Victor</i>	MI
Residential Street Address <i>87 Barry Place</i>		City <i>Rocky Hill</i>	State <i>CT</i> Zip Code <i>06067</i>
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a 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		
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 <i>6-27-23</i>	Aggregate Contributions	
Last Name <i>Evans</i>		First <i>Brandon</i>	MI
Residential Street Address <i>270 Laurel Street</i>		City <i>Hartford</i>	State <i>CT</i> Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a 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		
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 <i>6-27-23</i>	Aggregate Contributions	
Last Name <i>Puerto</i>		First <i>Jesús</i>	MI
Residential Street Address <i>283 Crown Street</i>		City <i>New Haven</i>	State <i>CT</i> Zip Code <i>06511</i>
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a 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		
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 <i>6-27-23</i>	Aggregate Contributions	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name <i>Collazo</i>		First <i>Antonio</i>		MI	
Residential Street Address <i>95 Monroe</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06114</i>
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 <i>\$100</i>	
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>			
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 <i>6-27</i>		Aggregate Contributions	
Last Name <i>Melleff</i>		First <i>Jennifer</i>		MI	
Residential Street Address <i>55 Trambull Street #110</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06103</i>
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 <i>\$100-</i>	
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>			
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 <i>6-27-23</i>		Aggregate Contributions	
Last Name <i>Lawrence</i>		First <i>Bernard</i>		MI	
Residential Street Address <i>25 Sam Street</i>		City <i>Enfield</i>		State <i>CT</i>	Zip Code <i>06082</i>
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 <i>\$25</i> <i>\$100</i>	
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>			
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 <i>6-27</i>		Aggregate Contributions	
SUBTOTAL Section B — This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See Instructions for definition of Small Contributor)</i>		\$	
SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
Last Name <i>Mech</i>		First <i>Adaeze</i>	
Residential Street Address <i>5 Daniel Blvd</i>		City <i>Blainfield</i>	
Principal Occupation		State <i>CT</i>	
		Zip Code <i>06002</i>	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 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"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>6-27-23</i>	
		Aggregate Contributions	
		Amount of Contribution <i>\$150-</i>	
Last Name <i>Luna</i>		First <i>Victor</i>	
Residential Street Address <i>17 Chapin Place</i>		City <i>Hartford</i>	
Principal Occupation		State <i>CT</i>	
		Zip Code <i>06114</i>	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 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"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>6-28-23</i>	
		Aggregate Contributions	
		Amount of Contribution <i>\$100</i>	
Last Name <i>Gallagher</i>		First <i>Brian</i>	
Residential Street Address <i>237 Oxford Street</i>		City <i>Hartford</i>	
Principal Occupation		State <i>CT</i>	
		Zip Code <i>06105</i>	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 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"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>5-16-23</i>	
		Aggregate Contributions	
		Amount of Contribution <i>\$50</i>	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name <i>Marin Luna</i>		First <i>Gloribel</i>		MI	
Residential Street Address <i>17 Chapin Place</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06114</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution <i>\$100-</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
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 <i>6-28-23</i>		Aggregate Contributions	
Last Name <i>Velez</i>		First <i>Angel</i>		MI	
Residential Street Address <i>389 Garden Street</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06112</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution <i>\$10</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
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 <i>7-1-23</i>		Aggregate Contributions	
Last Name <i>Gibson</i>		First <i>Ricardo</i>		MI	
Residential Street Address <i>12 Regal Court</i>		City <i>Waterbury</i>		State <i>CT</i>	Zip Code <i>06205</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution <i>\$50</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
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 <i>5-16-23</i>		Aggregate Contributions	
SUBTOTAL Section B — This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name <i>Kalantri</i>		First <i>AKshit</i>		MI	
Residential Street Address <i>29 Temple Street</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06103</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a 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		<i>\$500</i>	
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 <i>5-16-23</i>		Aggregate Contributions	
Last Name <i>Cooper</i>		First <i>Mannan</i>		MI	
Residential Street Address <i>873 West Boulevard</i>		City <i>Hartford</i>		State <i>CT</i>	Zip Code <i>06105</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a 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		<i>\$50</i>	
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 <i>5-16-23</i>		Aggregate Contributions	
Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a 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			
Method of Contribution: <input 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		Aggregate Contributions	
SUBTOTAL Section B — This Page				<i>\$5250.00</i>	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Caaman for Hartford	TYPE OF REPORT
--	----------------

L1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5/16/23		Campaign Kickoff		
Location: Street Address		City	State	Zip Code
1 HAYNES ST		HARTFORD	CT	06103

Subpart 1: (All Committees)

Was this event hosted at a personal residence? Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) No \$

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Yes (If yes, enter Total Receipts here.) No \$

Event # Date of Event	Letter	Description	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6/27/23		Fundraiser Event		
Location: Street Address		City	State	Zip Code
570 Wetherfield Ave		Hartford	CT	06106

Subpart 1: (All Committees)

Was this event hosted at a personal residence? Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) No \$

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Yes (If yes, enter Total Receipts here.) No \$

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>	P

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages					
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event		
SUBTOTAL Section L4 — This Page					
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY			<i>(Enter total on Line 22, Column A of Summary Page Totals)</i>	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
M. In-Kind Contributions					
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No				
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No				
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No				
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No				
SUBTOTAL Section M — This Page					
TOTAL of additional Section M Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)					
N. Refundable Deposit to Telephone Company					
Last Name of Individual		First	MI	Date Deposit Made	
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone Company					
Street Address		City	State	Zip Code	
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Caamara for Hartford				
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Artworks Unlimited		6/1/23	<input checked="" type="checkbox"/> Check # 91 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
		HARTFORD	CT	06103
Purpose of Expenditure (by code)	Description	Event #	Amount	
	LOGO / FLYER		\$100	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input 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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Goodwin Hotel / Bar Pina		5/30/23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1 HAYNES ST		HARTFORD	CT	06103
Purpose of Expenditure (by code)	Description	Event #	Amount	
	Fundraiser (food)		\$784.48	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input 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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Vista Print		6/3/23	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
		MAA	MA	
Purpose of Expenditure (by code)	Description	Event #	Amount	
	FLYER PRINT		\$93.57	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input 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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Oscar Caamara		6/5/23	<input type="checkbox"/> Check # 93 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
22 Trumbull St		HARTFORD	CT	06103
Purpose of Expenditure (by code)	Description	Event #	Amount	
	Reimbursement		\$550	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input 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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
SUBTOTAL Section P — This Page				
TOTAL of additional Section P Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE				
(Enter total on Line 19, Column A of Summary Page Totals)				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Q. Campaign Expenses Paid by Candidate					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Artworks Unlimited			6/5/23		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
		HARTFORD		CT	06153
Purpose of Expenditure (by code)	Description	Event #		Amount	
	T-shirts			\$200	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
NATION BUILDER			6/9/23		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
				CA	
Purpose of Expenditure (by code)	Description	Event #		Amount	
	CAMPAIGN WEBSITE			\$179	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
MACYS			6/13/23		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
		West HARTFORD		CT	
Purpose of Expenditure (by code)	Description	Event #		Amount	
	Apparel / Event			\$255.00	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Kenneth Combs			6/5/23		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
				CT	
Purpose of Expenditure (by code)	Description	Event #		Amount	
	Photography			\$150	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
LOCAL 8			6/23/23		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
		HARTFORD		CT	06103
Purpose of Expenditure (by code)	Description	Event #		Amount	
	FOOD EXPENSE			\$138.36	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Artworks Unlimited			6/16/23		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
		Hartford		CT	06103
Purpose of Expenditure (by code)	Description	Event #		Amount	
	Flyer Design			\$100	
SUBTOTAL Section Q — This Page					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE					
<i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE (<i>Provide Complete Name as Registered with Filing Repository</i>)				TYPE OF REPORT	
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum R Required unless "None of the below" is checked</i>) <input 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: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum R Required unless "None of the below" is checked</i>) <input 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: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum R Required unless "None of the below" is checked</i>) <input 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: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section R — This Page					
TOTAL of additional Section R Pages					
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD					
<i>(Enter total on Line 27, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 			
SUBTOTAL Section S-This Page				
TOTAL of additional Section S Pages				
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>				
Previously reported Expenses Unpaid and still Outstanding				
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, 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		
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input 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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input 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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input 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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input 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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
SUBTOTAL Section T — This Page					
TOTAL of additional Section T Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

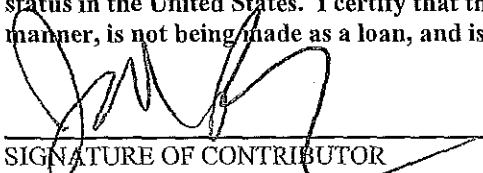
Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Barrano, John			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
1/2 Hubbard Road		860 966-2192	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Hartford	CT	06114	<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
Retired		Retired	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$100.-	<input type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check # _____		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you a lobbyist?***		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?		
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a state committee financing such a candidate, answer the following:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?		
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR			DATE (mm/dd/yyyy)
			6/27/23

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM
General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A
Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)

Joseph Sullo, Joseph, A

RESIDENTIAL ADDRESS** **PHONE NUMBER / EMAIL ADDRESS**

85 Memorial Rd Apt 411

CITY **STATE** **ZIP CODE** **Please check if you are UNDER 18:**

West Hartford

CT

06107

If under 18, please list your age: ____

NAME OF EMPLOYER *If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker* **PRINCIPAL OCCUPATION** *If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker*

Classic Real Estate Management

CONTRIBUTION AMOUNT **METHOD OF CONTRIBUTION**

\$ 100

Cash Debit Card/Credit Card Money Order Personal Check # ____

In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):

Please review the definitions on the bottom of this form and answer each of the following:

Yes No Are you a lobbyist?***
 Yes No Are you the spouse or dependent child of a lobbyist?

If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:

Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?

CERTIFICATION

I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.

Joseph Sullo

6/27/2023

SIGNATURE OF CONTRIBUTOR

DATE (mm/dd/yyyy)

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist household. General Statutes § 9-608 (c) (1) (FI). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statute § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% or more of the total stock of the business.

Sample Certification - Form MForm M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM*General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A**Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B***Individual Contributor Certification Form****[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office]**

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
SAKO ALBI			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
823 Westersfield Ave			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Hartford	CT	06114	<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
City of Hartford		Chief of HCE	
CONTRIBUTION AMOUNT		METHOD OF CONTRIBUTION	
\$ 30.00		<input type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check # 647	

 In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):**Please review the definitions on the bottom of this form and answer each of the following:**

- Yes No Are you a lobbyist?***
- Yes No Are you the spouse or dependent child of a lobbyist?

If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:

- Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?

CERTIFICATION

I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.

SIGNATURE OF CONTRIBUTOR

DATE (mm/dd/yyyy)

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Stat § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for all offices.

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of more of the total stock of the business.

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

*General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A
Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B*

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)

Chris Pustizi

RESIDENTIAL ADDRESS** / **PHONE NUMBER / EMAIL ADDRESS**

6 - Hawks Nest Cir / 845-309-9757 / CPustizi@Comcast.net

CITY / **STATE** / **ZIP CODE** / **Please check if you are UNDER 18:**

Middletown / CT / 06457 / If under 18, please list your age: _____

NAME OF EMPLOYER *If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker* / **PRINCIPAL OCCUPATION** *If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker*

Coppernic Bakeries LLC / Plant Manager

CONTRIBUTION AMOUNT / **METHOD OF CONTRIBUTION**

\$ 25 - / Cash Debit Card/Credit Card Money Order Personal Check # _____

In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):

Please review the definitions on the bottom of this form and answer each of the following:

Yes No Are you a lobbyist?***
 Yes No Are you the spouse or dependent child of a lobbyist?

If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:

Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?

CERTIFICATION

I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.

SIGNATURE OF CONTRIBUTOR: [Signature] / DATE (mm/dd/yyyy): 01/27/2023

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).
** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.
*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (F). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.
**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% or more of the total stock of the business.

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

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Solicitor's Initials

Revised May 2018

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General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A
Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Obsidian Capital Group LLC, Lewis KARAYAN T.			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
133 Mountain Street		(860) 250-9212 / info @ obsidiacapitalgroup.com	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Hartford	CT	06106	<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
		Consultant	
CONTRIBUTION AMOUNT		METHOD OF CONTRIBUTION	
\$ 25.00		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____	
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you a lobbyist?*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you the spouse or dependent child of a lobbyist?			
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?			
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
[Handwritten Signature]		06/27/2023	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

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Solicitor's Initials

Revised May 2018

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General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A
Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Eric Delgado, Eric			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
42 Hanwell Street		(609) 837-1598	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Horsford	CA	06006	<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 75.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you a lobbyist?***	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
		6/27/23	

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** You may enter an alternate address in lieu of your residential address, only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

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Revised May 2018

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*General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A
Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B*

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Dominick Castrover			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
3 River park dr		860-335-2144	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Cromwell	CT	06416	<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting. Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter. Other Examples: Retired, Unemployed, Student, Homemaker</small>	
Metro Auto Body & Towing		Body Shop manager	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 25000	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you a lobbyist?***	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
Dominick Castrover		6/27/2023	

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Hyde Megan E			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
15 Grand St		860-965-3592 melehman15@gmail.com	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Enfield	CT	06082	<input type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dove's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
Four Dads Pub		Manager	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 250	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you a lobbyist?***	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
Megan Hyde		6/27/2023	

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Sample Certification - Form M

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General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Joseph A Young			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
26 Russ Street		860-856-3255	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Hartford	CT	06106	<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
Amazon			
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 18	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____		

In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):

Please review the definitions on the bottom of this form and answer each of the following:

- Yes No Are you a lobbyist?***
 Yes No Are you the spouse or dependent child of a lobbyist?

If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:

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SIGNATURE OF CONTRIBUTOR

DATE (mm/dd/yyyy)

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

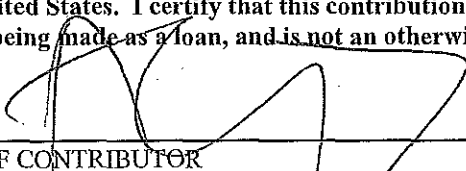
Revised May 2018

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General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A
Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Alexander Thomas			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
253 Freeman St			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Hartford	CT	06106	<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Pojffty Other Examples: Retired, Unemployed, Student, Homemaker</small>	
South Church		Pastor	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 10	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you a lobbyist?***		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?		
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?		
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
		4/16/23	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (II). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Gibson, Herman			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
15 Fleming St Waterbury CT			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
	CT	06730	<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting. Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter. Other Examples: Retired, Unemployed, Student, Homemaker</small>	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 5.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a lobbyist?***		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?		
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?		
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (m/dd/yyyy)	
[Signature]		06/25/23	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Torres JUAN			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
99 Pratt St		860 929-9939 jtorres1781@gmail.com	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
HARTFORD	CT	06103	<input type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting. Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter. Other Examples: Retired, Unemployed, Student, Homemaker</small>	
DEPT of Corrections			
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 250	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you a lobbyist?***			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you the spouse or dependent child of a lobbyist?			
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?			
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
		JUNE 27, 2023	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (F). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Carlynn Churchley Alison			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
36 Greenville st		(508) 728-8495 cchurchley@yahoocor	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Spencer	MA		<input type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
CONTRIBUTION AMOUNT		METHOD OF CONTRIBUTION	
\$ 250.00		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #	
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you a lobbyist?***	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
Carlynn Churchley		June 27 th 2023	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials


Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
27 Orange St.		314-476-5995 anthony.adesby46@gmail.com	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Hartford	CT	06106	<input type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
Walmart		Self-Checkout	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 250	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you a lobbyist?***		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?		
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?		
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
		6/27/23	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (E). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.

Sample Certification - Form MForm M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM*General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A***Individual Contributor Certification Form***[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office*

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
JURAH MAKONEN			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
1 LINDEN PL. #105		860-625-7589 JURAH@ARTWORKSUNLIM	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
HARTFORD	CT	06106	<input type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
ARTWORKS UNLIMITED LLC		OWNER	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 250.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you a lobbyist?***	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
JURAH MAKONEN		JUNE 6/27/23	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Jamil Neal			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
55 Franklin St		860-929-0233	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Hartford	CT	06107	<input checked="" type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker.</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 250	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you a lobbyist?***	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
[Signature]		6/27/23	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

*General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A
Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B*

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)

Lalbor Russ

RESIDENTIAL ADDRESS**

170 Church Street

PHONE NUMBER / EMAIL ADDRESS

(860)-534-0308

CITY

Newington

STATE

CT

ZIP CODE

06111

Please check if you are UNDER 18:

If under 18, please list your age: _____

NAME OF EMPLOYER *If self-employed, provide Name of Business.*
Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker

All Wastep, Inc.

PRINCIPAL OCCUPATION *If self-employed, provide Job Description.*
Example: Farmer Other Examples: Retired, Unemployed, Student, Homemaker

COO

CONTRIBUTION AMOUNT

\$ 50

METHOD OF CONTRIBUTION

Cash Debit Card/Credit Card Money Order Personal Check # _____

In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):

Please review the definitions on the bottom of this form and answer each of the following:


- Yes No Are you a lobbyist?***
- Yes No Are you the spouse or dependent child of a lobbyist?

If this is a contribution to a candidate committee or exploratory committee of a candidate running for **CHIEF EXECUTIVE OFFICER** of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:

- Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?

CERTIFICATION

I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.


SIGNATURE OF CONTRIBUTOR

6/27/2023
DATE (mm/dd/yyyy)

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in a household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics expect or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobby § 1-9 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office.

**** "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general of more of the total stock of the business.

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Pantelow Patrick			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
1788 Siles Drive Hwy 1207			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Watkinsville, GA	GA	06104	<input type="checkbox"/> If under 18, please list your age: ____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting. Other Examples: Retired, Unemployed, Student, Homemaker.</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter. Other Examples: Retired, Unemployed, Student, Homemaker.</small>	
New England Title Services, LLC		Principal	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 80	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # ____		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you a lobbyist?***	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
		6/27/2023	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (h) receive or agree to receive \$3,000 or more in a calendar year for lobbyist § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal offices.

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner of more of the total stock of the business.

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification - Form B

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Rivera Dennis			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
281 SOUTH RD		860-706-4314	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Farmington	CT		<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
NB Public Schools			
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 250.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____		

In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):

Please review the definitions on the bottom of this form and answer each of the following:

- Yes No Are you a lobbyist?***
 Yes No Are you the spouse or dependent child of a lobbyist?

If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:

- Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?

CERTIFICATION

I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.

Dennis Rivera
SIGNATURE OF CONTRIBUTOR

6/27/23
DATE (mm/dd/yyyy)

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) spend or agree to spend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% or more of the total stock of the business.

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or Slate Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or Slate Committee for Municipal Office

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Madrazo Darcy			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
27 derby st			
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Newington	CT	06053	<input type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 250.00	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you a lobbyist?***	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
Darcy Madrazo		June 27, 2023	

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

*** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

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Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
BEMKISSON, Dene			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
1 GOLD ST 10B		305-803-1334	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Haitford	CT	06103	<input type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
KUBERA FINANCE		FINANCE	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 200	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #		

In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):

Please review the definitions on the bottom of this form and answer each of the following:

- Yes No Are you a lobbyist?***
- Yes No Are you the spouse or dependent child of a lobbyist?

If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:

- Yes No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?

CERTIFICATION

I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.

SIGNATURE OF CONTRIBUTOR

6/27/23
DATE (mm/dd/yyyy)

* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

** You may enter an alternate address in lieu of your residential address only if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

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**** A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5%

Sample Certification - Form M

Form M - For use by: *Individuals Making Contributions to Candidate Committees, Exploratory Committees or State Committees for Municipal Offices*

For Campaign Use Only
Solicitor's Initials

Revised May 2018

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification - Form A

Individual Contributor Certification Form

[Insert name of Candidate Committee, Exploratory Committee or State Committee for Municipal Office]

NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)			
Moran, Hector			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
371 Franklin Ave ^{2nd}		860-970-9434	
CITY	STATE	ZIP CODE	Please check if you are UNDER 18:
Hartford	CT	06104	<input type="checkbox"/> If under 18, please list your age:
NAME OF EMPLOYER <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$ 50	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check #		
<input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):			
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you a lobbyist?***	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you the spouse or dependent child of a lobbyist?	
If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?	
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	
		6/27/23	

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