SEEC FORM 20

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

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Page 1 of 17

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COVER PAGE

1. NAME OF COMMITTEE	· .					Z _{es} y'		
Fonfara for Hartford								
2. TREASURER NAME								
First		MI		Last				Suffix
Rennye		С		Leiler				
3. TREASURER ADDRESS						lage si he		
Street Address			City			State	ode	
95 Tuttle Road			Dur	ham		СТ	064	22
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	te only i	if Candidate Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor						(if applicable	,
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
First		МІ		Last				Suffix
John		w		Fonfara				
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ding primar	у	7th day preceding referendum		Initial Cont (PACs ONLY)		r Disbursement
O April 10 filing	●30 days follow	ving primar	У	O 45 days following referendum	_	Amendmen		
OJuly 10 filing	v 10 filing O7th day preceding election O1			O Deficit	Type of Report:			
October 10 filing	Ol 2th day preco			O Termination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n					
9. PERIOD COVERED								
	Beginning Da	te		Ending Date				
	September 4, 20	23	•	thru September 30, 2023				
10. CERTIFICATION I hereby certify and state, under p	penalties of false s	statement.	that a	all of the information set forth on	this Ite	mized Car	mpaign F	inance
Disclosure Statement for the pe							JB	
Lunge (Xe	ily	_	Renn	ye C Leiler			10/12/2	2023
TREASURER ON DEPUTY TREASURI	ER (SIGNATURE)		PRIN	T NAME OF SIGNER			DATE (mm/dd/yyyy)
A person who is				llfully violated any provisions of t alty or imprisonment or both.	he cam	paign find	nce stati	ites

SEEC FORM 20

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

SUMMARY PAGE TOTALS

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Fonfara for Hartford			30 days following primary			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$50	90		
B. Itemized Con	tribu	tions from Individ	luals			
Last Name	First			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	olios bassos	MI
Sandler	Jan	nes				
1	City			State	Zip C	ode
800 Cottage Grove Rd, Suite 312	Bloom	field		СТ	060	02
Principal Occupation		Name of Employer				
attorney		Sandler and Mara				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				, Amou	int of	Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st No If yes, indicate which brane	ch or br	anches	No No			
If yes, list Event # of government the contract		-	Legislative			•
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Order	9/4/23	100	****	THOMAN SHOTE	V. 20.000.000 4 4 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10
Last Name	First					MI
Carbone	Nic	EK				
	City	_		State	Zip C	
	Cantor			MA	020)21
Principal Occupation Editor		Name of Employer				
		Aptara		· , · · · · · · · · · · · · · · · · · ·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business he/she is valued at more than \$5,000?				, Amou	ınt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a st If yes, indicate which bran of government the contract	ich or br	anches	c contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney C	Order	9/6/23	100			
Last Name	First				mgap/(14,0,000	MI
Jacobowitz	Avi	i				
Residential Street Address	City			State	Zip (ode
1987 New York Ave	Brooklyn NY 11:				112	10
Principal Occupation		Name of Employer	<u> </u>			
Director of Accounting	-	AZJ Consulting, LLC	•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a cand is associa	idate for a chief executive ated with have a contract Yes No	officer of a municipality with said municipality	Amor	nt of	Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? 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: Executive Degislative						
Method of Contribution:	T	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	9/7/23	500		Water Areas	100 100 100 100 100 100 100 100 100 100
SUBTO	SUBTOTAL Section B — This Page 700					
TOTAL	of add	ditional Section B P	ages 5850			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 6600						

Section B ADDITIONAL PAGE 1

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartford				30 da	30 days following primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$50	\$50				
							<i>4000000000000000000000000000000000000</i>	
	B. Itemized Co	ntrib	utions from Indivi	duals	- 1111000000000000000000000000000000000	CTAIN'TO STATE OF		Who was a second
Last Name		Fi	rst			,		MI
Aikens-Nunez		Т	alia	···				
Residential Street Address		City	fl			State		ip Code
70 Marvel Rd		MeM	Haven			СТ	0)6515
Principal Occupation Program Manager			Name of Employer State of CT, Judicial	Drane	, h			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount 000	t of Contribution
1	Yes Is contributor a principal of a: No If yes, indicate which brai of government the contract	nch or	branches	_	ctor? Yes			
Method of Contribution:			Date Received	Aggrega	te Contributions	1		
Cash Personal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	9/7/23	1000				
Last Name		Fi	FSÍ		and the second s		en-weeksternelendische	MI
Biggs		G	ireg					
Residential Street Address		City				State	1 1	ip Code
562 Litchfield Ave		Killin	gly			CT	0	16241
Principal Occupation Principal			Name of Employer EASTCONN					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?							
	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_	⊙ No			
Method of Contribution:			Date Received		gregate Contributions			
Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order	9/7/23	1000				
Last Name		Fi	rst		NO DESCRIPTION OF THE PROPERTY	***************************************	September 1	MI
Duggan			Daniel					
Residential Street Address		City				State	1	ip Code
147 Stockingmill Rd		Weti	nersfield			СТ	0	06109
Principal Occupation			Name of Employer					
Retired			Retired					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount 000	t of Contribution
ls this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contract If yes, indicate which branch or branches				⊙ No				
					ite Contributions	\dashv		
				1000				
SUBTOTAL Section B — This Page				Page	age 3000			
TOTAL of additional Section B Pages				ages	S 5850			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					6600	duktoro-error	entransmoodilija	
	,	_, ~~•			<u> </u>	Name of Street	275AANJA[22] [27]	

Section B ADDITIONAL PAGE 2

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartford	30 days following primary					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$50			
B. Itemized Co		s from Individ	luals			
Last Name Malin	First Yehudi:	s			MI	
Residential Street Address 843 Morris Ave	City Lakewood			State NJ	Zip Code 08701	
Principal Occupation Exec VP		of Employer ersified Managei	ment Plus			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or branche	es _	contractor? Yes OLegislative			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Money			Aggregate Contributions 750			
Last Name Walker	First Toni				MI	
Residential Street Address 1643 Ella T Grasso Boulevard	City New Haver	٦		State CT	Zip Code 06511	
Principal Occupation Retired	Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated w			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, list Event # Of government the contral of government the contral of government the contral of government.	nch or branch	es _	e contractor? Yes No Legislative			
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			Aggregate Contributions			
Last Name Wisniewski	First John				MI	
Residential Street Address 1721 Main St	City Glastonbur	ry		State CT	Zip Code 06033	
Principal Occupation President	1	of Employer ess Auto Glass				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated w			y, Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes 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: Executive O Legislative						
Method of Contribution: Cash Personal Check © Credit/Debit Card Payroll Deduction OMoncy Order Date Received 9/11/23 10						
SUBTOTAL Section B — This Pag				en l'oudre d'une remandant par		
TOTAL of additional Section B Page				ges 5850		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line				22		

Section B ADDITIONAL PAGE 3

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartford				30 days following primary			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$50	\$50			
	ontrik	outions from Indivi	duals	W. (1997)		**************************************	======================================
Last Name Ferrarese		irst Rino					MI F
Residential Street Address	City	WHO			Leur	7:	p Code
5 Vincy Drive	1 1	mwell			State		6416
Principal Occupation	L	Name of Employer			<u> </u>		
Manager		Org Services					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	ne is asso	ociated with have a contract Yes ONo	with sai	d municipality	y, An		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which by of government the contributor.	ranch or	branches		No			
Method of Contribution;		Date Received	Aggrega	te Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	9/13/23	500				
Last Name Malcynsky	- 1.	irst				<u></u>	MI
Residential Street Address		oni ————————————————————————————————————			1	Lesi	<u> L</u>
25 Parkers Point Rd	City	ster			State CT		Code 5412
Principal Occupation	•	Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					, Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor approach of government the contributor.	ranch or	branches	_	⊙ No			
Method of Contribution:	•	Date Received	Aggrega	te Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	ey Order	9/4/23	500				
Last Name	F	irst	Antonio antonio esta	A Control of the Cont	Section Section Section Sec		MI
Residential Street Address	City				State	Zip	Code
Principal Occupation	'	Name of Employer			•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No Ves	0 to a ca	ndidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality I municipality	/, Am	iount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of the section L1? If yes, indicate which by of government the contributor as the section L1?	anch or	branches	_	ŌNo			
Method of Contribution: Date Received				te Contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney Order							
SUB	втота	L Section B — This	Page	1000	en en de la commencia de la co	(Charles and Asia)	and the second s
TOTA	L of a	dditional Section B F	ages	5850	***************************************		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		OIVIDUALS (Sections A Jumn A of Summary Page		6600	erosetmonensome es	come de de maydren y ma	terren er
	** 4 -* 0.000 10.00	anne en la company de la c	4000 County County County	//A	57.000 STATE OF STATE	With the same of the same	

I. MONETARY RECEIPTS (Sections A-K)

Page 7 nf 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Fonfara for Hartford

TYPE OF REPORT

30 days following primary

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)							
Total Loans Received this Period (Section D)	(III)	0					
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0					
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0					
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	-1-	0					
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0					
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0					
Total Miscellancous Monetary Receipts not Considered Contributions (Section K)	+	0					
Total of Other Monetary I (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary I</i>	0						

SEEC FORM 20 Revised Survey 1915

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Fonfara for Hartfo	rd	30 days following p	30 days following primary				
P. Expenses Paid by Committee							
Name of Payce	²²⁴ Микашки инилогия постоя постоя на простоя постоя пос	**************************************	Date of Payment	Method of Payment:			
Threshold Group, Inc. 9/5/23				O Check #			
Street Address	·	City		O Debit Card OEFT State Zip Code			
11 E 44th St FI 3		New York		NY 10017			
Purpose of Expenditure	Description		Event #	Amount			
(by code) A-OTH	Print/Mail; Digital;			7,869.84			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	hecked)	,			
	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ	ent ionOAOBOCOD				
Name of Payee		• Cr Organizat	Date of Payment	Method of Payment:			
Threshold Group,	Inc.		9/5/23	Check #			
Street Address		City		Debit Card OEFT State Zip Code			
11 E 44th St Fl 3		New York		NY 10017			
Purpose of Expenditure	Description		Event#				
(by code) A-DM	Print/Mail		Liver n	Amount			
A-Divi	FIIII(/Maii			6,619.84			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unl	ess "None of the below" is c	hecked)				
	None of the below Coordinated with reimbursement sought (joint expenditure) Independe	ant				
	Coordinated with reimbursement sought (in-kind contril						
Name of Payee	a Mariantina ny kaominina dia mandra ny Faritr'i National no ao ao	100 - 100 -	Date of Payment	Method of Payment:			
Juan Torres			9/5/23	O Check #204 O Debit Card O EFT			
Street Address		City		State Zip Code			
338 Asylum St # 61	12	Hartford		CT 06103			
Purpose of Expenditure	Description		Event #	Amount			
(by code) WAGE				232,50			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	tless "None of the below" is	checked)				
(if applicable)	None of the below	•					
	Coordinated with reimbursement sought (joint expenditur	~ .					
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza	tiorOAOBOCOD				
Name of Payee Leonor Mendez		>	Date of Payment	Method of Payment: Check #205			
			9/5/23	O Debit Card O EFT			
Street Address		City		State Zip Code			
25 Laurel St		Hartford		CT 06106			
Purpose of Expenditure	Description		Event #	Amount			
(by code) WAGE				180.00			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	hecked)				
(if applicable)	None of the below	· · · · · · · · · · · · · · · · ·	,				
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	. •	ent ion()A () B ()C () D				
Andrew Control of the	S	UBTOTAL Section P —					
	TO'	FAL of additional Sectio	n P Pages 66,402.84				
A STATE OF THE STA	TOTAL OF ALL EXPE						
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Section P. ADDITIONAL PAGE 1 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartfo	ord		BOWN OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADR		30 days following primary			
	P. Expenses	Paid by C	ommittee					
Name of Payee				j	Date of Payment	Method of	•	
Threshold Group	Inc.			!	Sep 5, 2023	Check		
Street Address		City				O Debit State	Card OEFT Zip Code	
11 E 44th St Fl 3		New York				NY	10017	
Purpose of Expenditure (by code) A-TV	Description			Event #		30,000	Amount	
Exponditure # (if applicable)						30,000	.00	
Name of Payee		The state of the s	game later country barrens on the		Date of Payment	Method of I		
Webster Bank				9	Sep 5, 2023	O Check # EF		
Street Address		City				State	Zip Code	
5 Coles Rd		Cromwell				CT	06416	
Purpose of Expenditure (by code)	Description Wire fee			Event #			Amount	
	wire ree					35.00		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A D B C D D								
Name of Payce		y mayoring a transport of the state of the s			Date of Payment	Method of Payment:		
Trignition Media				:	Sep 5, 2023	Check		
Street Address		City				State	Zip Code	
1056 Willard Ave		Newingto	n 	·		СТ	06111	
Purpose of Expenditure (by code) A-RAD	Description			Event #		Amount 1,724.31		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None o	f the below" is c	checker	d)	1,724.51		
(f) apprecia	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ire)	O Independ	_	а Ов Ос Ор			
Name of Payee		10000000000000000000000000000000000000	ar and a second	dates and the second	Date of Payment	Method of I		
Sadoc Ramos					Sep 8, 2023	Ocheck #207 Debit Card OEFT		
Street Address		City				State	Zîp Code	
156 Bloomfield Av	ve	Windsor				CT	06095	
Purpose of Expenditure (by code) WAGE	Te Description Event #				Amount			
Expenditure # (if applicable)								
	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
	S	UBTOTAL	Section P —	· This F	Page 32,089.31		to the second of	
Use of the second secon		Notes the second	PARTE STATE OF THE	Contract Con			Commence of the second	

Section P. ADDITIONAL PAGE 2 of 22

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord			30 days following p	rimary			
	P. Expenses	Paid by Commit	tee		***************************************			
Name of Payee		and the second	the state of the s	Date of Payment	Method of I	•		
Jessie Deshown S	inclair			Sep 8, 2023	O Check			
Street Address		City		<u> </u>	State	Zip Code		
107 Oakland Terr		Hartford			СТ	06112		
Purpose of Expenditure (by code) WAGE	Description		Event	#	Amount			
Expenditure # (f applicable)								
Name of Payec		Communication (Communication Communication C	W. C.	Date of Payment	Method of F	•		
Theodore Hall				Sep 8, 2023	Check			
Street Address		City			State	Zîp Code		
42 Greenfield St		Hartford			СТ	06112		
(by code) WAGE	of Expenditure Description Event #					Amount		
						33.75		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B C D B								
Name of Payee	CONTROL OF THE PROPERTY OF THE		***************************************	Date of Payment	Method of P			
Zoila Espinoza				Sep 8, 2023	Check #210 Debit Card DEFT			
Street Address		Cîty			State	Zip Code		
45 Webster St A1		Hartford			СТ	06114		
Purpose of Expenditure (by code) WAGE	Description		Event	#	Amount			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	ommittee)	w" <i>is check</i> lependent ganization (
Name of Payee				Date of Payment	Method of F	•		
Keith Lee				Sep 8, 2023	O Check			
Street Address		City			State	Zip Code		
408 Farmington <i>F</i>	lve, Apt 304	Hartford			СТ	06105		
Purpose of Expenditure (by code) WAGE	Description		Event	#	206.25	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee)	ependent	OA OB OC OD				
SUBTOTAL Section P This Page 592.50								
		Constitution of the Consti	Community of Commu		ASTANDANIA (ALIIINA)			

SEEC FORM 20 Resisco January 2015

Section P. ADDITIONAL PAGE 3 of 22

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord	200100 mm m	POST CONTRACTOR CONTRA	30 days following (primary			
	P. Expenses	Paid by C	Committee	50000000000000000000000000000000000000				
Name of Payee	Miles International Control of Co	THE OTHER PARTY.)314 - C-544 (STEEL OF COLOR AND COL	Date of Payment	Method of			
Drupatti D. Phulb	pas			Sep 8, 2023	© Chec			
Street Address		City			O Debit State	Card OEFT Zip Code		
49 Hazel St		Hartford			ст	06106		
Purpose of Expenditure (by code) WAGE	Description		Е	event #	- 2 00	Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	unnuittee) re)	O Independer	•	90.00			
Name of Payee		Maria and a second of the seco	THE PARTY OF THE P	Date of Payment	Method of	•		
Duvaasan Phulba	5			Sep 8, 2023	O Check			
Street Address		City			State	Zip Code		
49 Hazel St		Hartford		,	СТ	06106		
Purpose of Expenditure (by code) WAGE Event #						Amount 56.25		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A O B C D								
Name of Payce			-	Date of Payment	Method of	•		
Calina Barnum				Sep 8, 2023	O Check			
Street Address		City			State	Zip Code		
35 Owens St #102	2	Hartford			СТ	06105		
Purpose of Expenditure (by code) WAGE	Description		E ₁	vent#	Amount 1,000.00			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	Independe		1,000	.00		
Name of Payee		Annual Control of the	The second second	Date of Payment	Method of	Payment:		
The Hartford New	/S			Sep 8, 2023	O Check			
Street Address		City			State	Zip Code		
30 Arbor St, Suite	106-H	Hartford			CT	06106		
Purpose of Expenditure (by code) WAGE	Description		E	vent #	110.00	Amount		
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A D C D								
	SUBTOTAL Section P — This Page 1,256.25							
					manufacture of production and applying the			

Section P. ADDITIONAL PAGE 4____ of 22___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord	22-26-26-26-27-26-26-26-26-26-26-26-26-26-26-26-26-26-		30 days following p	orimary		
	P. Expenses	Paid by Committee	<u>.</u>				
Name of Payce				Date of Payment	Method of I	•	
Martin Kenny				Sep 11, 2023	O Check		
Street Address 8 Belhaven		City Cromwell			State CT	Zip Code 06416	
Purpose of Expenditure	Description	<u> </u>	Event #	#	1	Amount	
(by code) REF					1,000.0		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	ommittee) re)	ndent ationO	A OB OC OD			
Name of Payee			ľ	Date of Payment	Method of Payment:		
Frank Citino				Sep 11, 2023	O Check	· · · · · · · · · · · · · · · · · · ·	
Street Address		Cîty			State	Zip Code	
387 Wells Rd	387 Wells Rd Wethersfield				СТ	06109	
Purpose of Expenditure (by code)	Expenditure Description Event #				Amount		
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						1,000.00	
(if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D							
Name of Payee Date of Payment						Payment:	
Stephen Kinney				Sep 11, 2023	Check # Debit Card EFT		
Street Address		City			State	Zip Code	
20 Cromwell Plac	e	Old Saybrook			СТ	06475	
Purpose of Expenditure (by code)	Description		Event #	4	Amount 500.00		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checke	ed)	, 300.00	,	
(I) approness	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) 🔘 Indepen) А ОВ ОС ОБ	·		
Name of Payee				Date of Payment	Method of I	•	
Yisacher Feldberg	,			Sep 11, 2023	O Check		
Street Address		Cîty		<u> </u>	State	Zip Code	
1517 East 37th St	!	Brooklyn			NY	11234	
Purpose of Expenditure (by code) REF	Description		Event #	<i>#</i>		Amount	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required to	aloss "None of the below" is	checke		500.00		
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OD							
	SUBTOTAL Section P — This Page 3,000.00						
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Section P. ADDITIONAL PAGE 5____ of 22___

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Fonfara for Hartfo	rd		NO. 4			30 days following primary			
		P. Expenses	Paid by C	ommittee					
Name of Payee						Date of Payment	Method of	•	
Yolanda Harris						Sep 12, 2023	Check		
Street Address			City				State	Zip Code	
506 (B) Garden St			Hartford				СТ	06112	
Purpose of Expenditure (by code) WAGE	Description				Event	#	45.00	Amount	
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B C D									
Name of Payee	essaya an amis ka ka sa masa an		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Anna da Anna d		Date of Payment	Method of I		
Migdalia Alicea Sep 12, 2023			Sep 12, 2023	Check					
Street Address City				State	Zip Code				
161 State St Meriden				СТ	06450				
Purpose of Expenditure Description Event #				Amount					
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D									
Name of Payee Date of Payment					Method of I	•			
Aida Perez						Sep 12, 2023	Check #218 Debit Card DEFT		
Street Address		· 102 102	City				State	Zip Code	
80 Charter Oak Av	re #601		Hartford				СТ	06106	
Purpose of Expenditure (by code) WAGE	Description				Event #	1	Amount 120.00		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Add None of the below (does not involv Coordinated with reimbursement and Coordinated without reimbursement)	e another candidate or co sought (joint expenditu	ommittee) re)	f the below" is Indepen	ident _	, <u> </u>	120.00	,	
Name of Payee						Date of Payment	Method of I		
Nelky Maldonado						Sep 12, 2023	Check		
Street Address			City .		i		State	Zip Code	
161 Bonner St			Hartford	•			CT	06106	
Purpose of Expenditure (by code) WAGE	Description				Event #	9	120.00	Amount	
Expenditure # (if applicable)									
SUBTOTAL Section P — This Page 405.00							No. of the second secon		

Section P. ADDITIONAL PAGE 6 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Fonfara for Hartfo	ord				30 days following p	rimary		
	P. Expenses	Paid by C	ommittee					
Name of Payee				44-manuscriptor	Date of Payment	Method of	•	
Eduardo Quintero	o				Sep 12, 2023	© Check		
Street Address		City	· · · · · ·			O Debit State	Card OEFT Zip Code	
9 Hanmer St		Hartford				СТ	06114	
Purpose of Expenditure (by code) WAGE	Description			Event #	H	220.00	Amount	
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D								
Name of Payee		Mild (Minimum Kanasa and American Africana)	general Processing and American		Date of Payment	Method of Payment:		
Leonor Mendez Sep 12, 2023 Street Address Sirve				O Check #221 O Debit Card O EFT				
l cay					State	Zip Code		
25 Laurel St	Hartford				CT	06106		
Purpose of Expenditure (by code) WAGE	te of Expenditure de) WAGE Description Event #				Amount			
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
(If applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D D								
Name of Payee Date of Payment						Method of F	•	
Erick Espinoza Street Address		0.			Sep 12, 2023	Check	Card OEFT	
17 Julius St		City Hartford				State CT	Zip Code 06114	
Purpose of Expenditure (by code) WAGE	Description			Event #		120.00	Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of	the below" is	checke	rd)	120,00	,	
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)	O Independ	dent _				
Name of Payee			arramaran pipony		Date of Payment	Method of I	•	
Carlos Proleon					Sep 12, 2023	Check		
Street Address		City		j		O Debit	Card OEFT Zip Code	
17 Julius St, Apt 2		Hartford				СТ	06114	
Purpose of Expenditure (by code) WAGE	Description	•		Event #		120.00	Amount	
Expenditure # (if applicable)							an a	
SUBTOTAL Section P — This Page 805.00								

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord		22030000000		30 days following primary			
	P. Expenses	Paid by Co	mmittee					
Name of Payee	- I span With the second and the sec		MANAGER STATE OF THE STATE OF T	,	Date of Payment	Method of I	•	
Antonio Kolthoff					Sep 12, 2023	Check		
Street Address		City				State	Zip Code	
59 Natick St		Hartford				СТ	06106	
Purpose of Expenditure (by code) WAGE	Description			Event #	ı	220.00	Amount	
Expenditure # (if applicable)						<i>ma</i> v.v.		
Name of Payee	The state of the s	Control of the Contro	Allow March Comments		Date of Payment	Method of F		
Luz Andujar Sep 12, 2023				O Check #226 O Debit Card OEFT				
Street Address		City				State	Zip Code	
534 Maple Ave	34 Maple Ave Hartford				СТ	06114		
Purpose of Expenditure (by code) WAGE	Purpose of Expenditure by code) WAGE Event #				120.00	Amount		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A O P C O P					12010			
Occordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D Name of Payee Date of Payment						Method of F	Payment:	
Juan Andujar					Sep 12, 2023	Oheck #227 Debit Card DEFT		
Street Address		City				State	Zip Code	
25 Frederick St		Hartford			ļ	СТ	06105	
Purpose of Expenditure (by code) WAGE	Description		1	Event#	!	Amount 220.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	ommittee) re)	the below" is of Independ Organizat	dent		_		
Name of Payee					Date of Payment	Method of F	•	
Kenaisha Jouet					Sep 12, 2023	O Debit		
Street Address		City		<u>`</u>		State	Zip Code	
944 Asylum Ave		Hartford				CT	06105	
Purpose of Expenditure (by code) WAGE	Description		1	Event #	t	120.00	Amount	
Expenditure # (If applicable)								
	S	SUBTOTAL S	Section P —	This l	Page 680.00			
		and the second s		December 1	Control of the Contro	The second secon		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord			30 days following p	orimary		
	P. Expenses	Paid by Committee	1	the same of the sa		PROPERTY OF THE PROPERTY OF TH	
Name of Payee	Microsoft Control of C	And the second s		Date of Payment	Method of		
David G. Morin				Sep 12, 2023	O Check		
Street Address		City			State	Zip Code	
24 Park Place, #23		Hartford			СТ	06106	
Purpose of Expenditure (by code) WAGE	Description		Event f	;	220.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee)	ndent	d) A OB OC OD			
Name of Payee	Landing to the state of the sta	ne more all management and the common of the		Date of Payment	Method of Payment:		
Jennifer Torres Sep 12, 2023				Sep 12, 2023	O Check		
Street Address		City			State	Zip Code	
44 Wilson St, Apt	1	Hartford			СТ	06106	
Purpose of Expenditure (by code) WAGE	Description		Event #	l		Amount	
)	
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A D B C D D							
Name of Payce			<u> </u>	Date of Payment	Method of I	•	
Lizette Alvarez				Sep 12, 2023	Check	Card OEFT	
Street Address		City			State	Zip Code	
44 Hughes St		Hartford			CT	06106	
Purpose of Expenditure (by code) WAGE	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re)	ndent _	ed) DA OB OC OD	,	,	
Name of Payee		· ·	- I	Date of Payment	Method of I	•	
Carmen Felix				Sep 12, 2023	O Check		
Street Address		City			State	Zip Code	
645 New Park Ave	2	West Hartford			СТ	06110	
Purpose of Expenditure (by code) WAGE	Description		Event #		120.00	Amount	
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA OB OC OD							
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NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		William Walle	TYPE OF REPORT				
Fonfara for Hartf	ord					30 days following p	orimary	
		P. Expenses	Paid by C	'ommittee				
Name of Payee						Date of Payment	Method of Check	-
Miguel Vargas						Sep 12, 2023	O Debit	
Street Address			City				State	Zip Code
39 Charter Oak Pl	ace		Hartford				СТ	06106
Purpose of Expenditure (by code) WAGE	D	escription	I		Event	#		Amount
	Щ.					· 	120.00	
Expenditure # (if applicable)	0	of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contra	nmittee) e)	Independent	dent	2d) DA OB OC OD		
Name of Payee			of to the section of the state of the section of th	(A Margarithi / Ludwick A Ludwick Co. 1977 - 1971 - 1972 -	- Andrewski - Andrewski	Date of Payment	Method of	-
Francisco Rolon Sep 12, 2023 Street Address City			Sep 12, 2023	O Check	Card OEFT			
Street Address Street Address City					State	Zip Code		
nartiord nartiord					СТ	06114		
Purpose of Expenditure (by code) WAGE	of Expenditure Description Event #				Amount			
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					120.00			
(If applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D D								
Name of Payee Date of Payment					Method of	Payment:		
Evelyn Dukes						Sep 12, 2023	Check	
Street Address			City				State	Zîp Code
448 Prospect Ave	5		Hartford				СТ	06106
Purpose of Expenditure (by code) WAGE	De	escription			Event	#	120.00	Amount
Expenditure #	Тур	e of Expenditure (Itemization in Addendum P Required un	nless "None o	f the below" is	check	ed)	120.00	,
(if applicable)	000	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re)	O Indepen		Да Ов Ос Ов		
Name of Payee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the second section of the second section of the second	armenakej marrenski innermeran		Date of Payment	Method of	
Betzaida Colon						Sep 12, 2023	Check	
Street Address			City				State	Zip Code
208 Harvard St			Hartford				СТ	06106
Purpose of Expenditure (by code) WAGE	De	escription			Event	#	120.00	Amount
Expenditure #	Туре	of Expenditure (Itemization in Addendum P Required un	less "None of	the below" is	checke	ed)	120,00	
(f applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC D								
A THE PROPERTY OF THE PROPERTY		S	UBTOTAL		NAME OF TAXABLE PARTY.	Page 480.00	ecol(tone (til) (s) e e (to) (e e e e e e e e e e e e e e e e e e	A THE STATE OF THE
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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Fonfara for Hartfo	ord			30 days following p	orimary		
	P. Expenses	Paid by Committe	e				
Name of Payee Jose Morales				Date of Payment	Method of Check	•	
Street Address		La		Sep 12, 2023	ODebit	Card OEFT	
111 Mather St		City Hartford			State	Zip Code 06120	
D 6D 1'	15	Tiartioid	Lo			00120	
Purpose of Expenditure (by code) WAGE	Description		Even	t #	120.00	Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) News of Pause							
Name of Payee Domingo Gonsale	2Z			Date of Payment Sep 12, 2023	Method of I Check	:# <u>238</u>	
Street Address		City			State	Zip Code	
15 Enfield St	ld St Hartford				СТ	06112	
Purpose of Expenditure (by code) WAGE	Description	otion Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee) e) Indepe	ndent	A OBOC OD	50.00		
Name of Payee Date of Payment Sep 12, 2023			Method of I Check Debit	: # <u>239</u>			
Street Address 111 Mather St		City Hartford			State CT	Zip Code 06120	
Purpose of Expenditure (by code) WAGE	Description		Event	#	Amount 120.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)	endent	oed) Da Ob Oc Od	120,00	,	
Name of Payee				Date of Payment	Method of I Check		
Hector Franqui				Sep 12, 2023	O Debit		
Street Address	:	City			State	Zip Code	
80 Charter Oak Av	/e	Hartford			CT	06106	
Purpose of Expenditure (by code) WAGE	Description		Event	#	120.00	Amount	
Expenditure # (If applicable)							
	S	SUBTOTAL Section P	— This	Page 410.00			
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NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord			30 days following primary				
	P. Expenses	Paid by Commit	tee					
Name of Payee				Date of Payment	Method of	-		
Wendy Contreras				Sep 12, 2023	Check			
Street Address		City			State	Zip Code		
111 Mather St		Hartford			СТ	06120		
(by code) WAGE	Description		Event	#	120.00	Amount		
Expenditure # (if applicable)								
Name of Payee	in the control of the	urene da partir da p	Control of the Contro	Date of Payment	Method of			
Julia Espinoza Sep 12, 2023			Sep 12, 2023	Check				
Street Address City					State	Zip Code		
45 Webster St A01		Hartford			СТ	06114		
Purpose of Expenditure (by code) WAGE	GE Event #				Amount			
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A D B C D D					120.00	<u>'</u>		
Name of Payee Date of Payment						Payment:		
Manuel Verastegu	ai e			Sep 12, 2023	Check #243 Debit Card DEFT			
Street Address		City			State	Zip Code		
45 Webster St		Hartford			СТ	06114		
Purpose of Expenditure (by code) WAGE	Description		Event	#	120.00	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	ependent	Da Ob Oc Od	I ZU.O	,		
Name of Payee				Date of Payment	Method of Check	-		
Jean Karlo Conqui	istador			Sep 12, 2023	O Debit			
Street Address		City			State	Zip Code		
525 Crown St, Apt	: 236	Meriden			CT	06450		
Purpose of Expenditure (by code) WAGE	Description		Event	#	185.00	Amount		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Tindependent Organization OA OB OC OD							
SUBTOTAL Section P — This Page 545.00								
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Fonfara for Hartfo	ord			30 days following p	30 days following primary			
	P. Expenses	Paid by Co	mmittee					
Name of Payee		the like by (d		Date of Payment	Method of	-		
Elvis Tejada				Sep 12, 2023	O Check			
Street Address		City			State	Card OEFT Zip Code		
47 Hamilton St		Hartford			СТ	06106		
Purpose of Expenditure (by code) WAGE	Description		Ev	ent #	120.00	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee) re) (Independent	,	_ 120.00			
Name of Payee	Сти и теритерия (1964) на населения на 1965 година (1964) на несерои на населения на населения на населения на При при при при при при при при при при п			Date of Payment	Method of	•		
Miguel Rivera				Sep 12, 2023	Ocheck #246 Obebit Card OEFT			
Street Address		City			State	Zip Code		
47 Hamilton St		Hartford				06106		
Purpose of Expenditure (by code) WAGE	Purpose of Expenditure by code) WAGE				Amount 120,00			
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D					120.00	'		
Name of Payee Date of Payment					Method of	-		
Oscar J. Sanchez				Sep 12, 2023	Check #247 Debit Card EFT			
Street Address		Cîty			State	Zip Code		
432 Hillside Ave		Hartford			CT	06106		
Purpose of Expenditure (by code) WAGE	Description	,	Eve	ent#	Amount			
Expenditwe # (If applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)	The below" is che	1	120,00	,		
Name of Payee				Date of Payment	Method of			
Sadoc Ramos				Sep 12, 2023	Check			
Street Address		City			State	Zip Code		
156 Bloomfield A	ve	Windsor	· · · · · · · · · · · · · · · · · · ·		СТ	06095		
Purpose of Expenditure (by code) WAGE	Description		Eve	ent#	375.00	Amount		
Expenditure # (If applicable)								
SUBTOTAL Section P — This Page 735.00						and the second second second second		
		VIII ja			eenselemmest (VA) (Lei ja ja parkennenselemet ensemme			

Section P. ADDITIONAL PAGE 13 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord	40-4000 consistence of the constant of the con		30 days following p	rimary		
WANTED THE CONTROL OF	P. Expenses	Paid by Committee	<u>)</u>				
Name of Payee				Date of Payment	Method of I	*	
Keith Lee				Sep 12, 2023	O Check		
Street Address		City			State	Zip Code	
408 Farmington A	Nve. Apt 304	Hartford			СТ	06105	
Purpose of Expenditure (by code) WAGE	Description		Event #	¥	266.25	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cost Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee)	ndent	d) A ОВ ОС ОВ			
Name of Payee		THE PARTY OF THE P		Date of Payment	Method of I		
Theodore Hall				Sep 12, 2023	O Check		
Street Address		City			State	Zîp Code	
42 Greenfield St	enfield St Hartford				CT	06112	
Purpose of Expenditure (by code) WAGE	e Description Event#				Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un.	less "None of the below" is	checkea	d)	138.75	ı	
(if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D D							
Name of Payer Date of Payment						Payment:	
Jessie Deshown S	inclair			Sep 12, 2023	O Check #251 Debit Card OEFT		
Street Address		City			State	Zip Code	
107 Oakland Terr		Hartford			СТ	06112	
Purpose of Expenditure (by code) WAGE	Description		Event #	ı	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checke	ed)	30.00		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind control	re) 🔘 Indepen	_)a			
Name of Payee		PARTIE TO THE PA		Date of Payment	Method of I		
Drupatti D. Phulb	as			Sep 12, 2023	O Check		
Street Address		City			State	Zip Code	
49 Hazel St		Hartford			CT	06106	
Purpose of Expenditure (by code) WAGE	Description	_	Event #	1	232,50	Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checker	d)	232.30		
(if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
	s	UBTOTAL Section P —	– This I	Page 667.50			
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	ord				30 days following p	orimary	
	P. Expens	es Paid by C	Committee				
Name of Payee Zoila Espinoza					Date of Payment Sep 12, 2023	Method of I	:# <u>253</u>
Street Address		City			<u></u>	O Debit State	Card OEFT Zip Code
45 Webster St A1		Hartford				СТ	06114
Purpose of Expenditure (by code) WAGE	Description		Event #			Amount 176.25	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OBC OD						
Name of Payee Harland Clarke		***************************************			Date of Payment Sep 13, 2023	Method of I O Check O Debit	:#
Street Address City				State	Zip Code		
15955 La Cantera	5955 La Cantera Pkwy San Antonio				TX	78256	
Purpose of Expenditure (by code) BNK	Description check order			Event	#	168.83	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	committee) iture)	O Independ	dent	2d) (A		
Name of Payee Date of Payment Leonor Mendez Sep 13, 2023			Method of I Check Debit	#255			
Street Address 25 Laurel St		City Hartford				State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description			Event	#	45.00	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind of	or committee) diture)	O Indepen	ndent	OA OB OC OD	75.00	
Name of Payee Luis Santana					Date of Payment Sep 13, 2023	Method of I Oheck Debit	#256
Street Address 37 Heritage Lane		City East Hartf	ford			State CT	Zip Code 06118
Purpose of Expenditure (by code) WAGE	Description			Event	#	120.00	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind expended)	r committee) liture)	Independent	ndent	ed) DA OB OC OD		
		SUBTOTAL	Section P —	– This	Page 510.08		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Fonfara for Hartfo	ord					30 days following p	orimary		
		P. Expenses	Paid by C	ommittee	· normerun	***************************************			
Name of Payer						Date of Payment	Method of I		
Alexis Medero						Sep 14, 2023	ODebit		
Street Address			City				State	Zip Code	
96 Brown St			Hartford				СТ	06114	
Purpose of Expenditure (by code) WAGE	Description		Event #			Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C OD								
Name of Payee						Date of Payment	I	Method of Payment: Oheck #258	
Ricardo Feliciano						Sep 14, 2023	O Debit		
Street Address			City		•		State	Zip Code	
96 Brown St	Hartford			CT	06114				
Purpose of Expenditure (by code) WAGE	Description		Event#				Amount		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					1,001.0)0			
(i) uppienae)	None of the below (does no Coordinated with reimburs.	ement sought (joint expenditure	e)	O Independ	-	а () в () с () b			
Name of Payee	Omen strending and a common number of state of the first state of the	ang AMP 19 mang ang Panggang (19 Ang AMP 19		***************************************		Date of Payment	Method of I	•	
Living Word Imprints Sep 14, 2023				_	○ Check # <u>259</u> ○ Debit Card ○ EFT				
Street Address			City				State	Zip Code	
450 Homestead /	√ve		Hartford				СТ	06112	
Purpose of Expenditure (by code) PRNT	Description		•		Event #	¥	Amount 460.00		
Expenditure #	Type of Expenditure (Itemization	in Addendum P Required u	nless "None o	f the below" is	checke	ed)	700.00	,	
((f applicable)	None of the below (does n Coordinated with reimbur Coordinated without reimbur	sement sought (joint expenditu	re)	O Indepen		ОА ОВ ОС ОВ			
Name of Payee	астан түүл түүл түүл түү түү түү түү түү түү	······································	Annie Annie Processi (Annie Annie	The second s		Date of Payment	Method of I		
Maria Sostre						Sep 15, 2023	Check		
Street Address			City		J		State	Zip Code	
61 Bond St			Hartford				CT	06114	
Purpose of Expenditure (by code) WAGE	Description				Event #	#		Amount	
Expenditure #	Type of Expenditure (Itemization	in Addendum P Required un	iless "None of	the below" is	checke	d)	517.50		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA OB OC DD								
		S	SUBTOTAL	Section P —	- This	Page 2,098.50			
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord			30 days following p	orimary		
	P. Expenses	Paid by Committe	ee				
Name of Payee		ACCURATE AN ARCHITECTURE AND ARCHITECTURE AND ARCHITECTURE AND ARCHITECTURE AND ARCHITECTURE AND ARCHITECTURE A		Date of Payment	Method of	•	
Apolinar Rosario				Sep 15, 2023	O Cheel		
Street Address		City			O Debit State	Card OEFT Zip Code	
25 Ward St		Hartford			ст	06106	
(by code) WAGE	Description		Eveni	t#		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	uless "Nane of the below"	is check	ved)	202.50		
(if applicable)	None of the below (does not involve another candidate or concoordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee)	endent _) Da () B () C () D			
Name of Payce		ing a managan an a		Date of Payment	Method of	•	
Yisenia Marinez Sep 15, 2023				Oheck #262 Obebit Card OEFT			
Street Address	2.6	City			State	Zip Code	
1580 Main St, Apt	0 Main St, Apt 3A Hartford					06120	
Purpose of Expenditure (by code) WAGE	Description Event#					Amount	
Expenditure #						202.50	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D D							
Name of Payee Date of Payment					Method of		
Theodore Hall				Sep 15, 2023	○ Check #263 ○ Debit Card ○ EFT		
Street Address 42 Greenfield St		City Hartford			State CT	Zip Code 06112	
Purpose of Expenditure	Description		Event	#			
(by code) WAGE					67.50	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below"	' is check	(ed)	07.50		
(ii appiicane)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind conti	re) 🔘 Indep					
Name of Payee		Organ	nization(DA OB OC OD Date of Payment	Method of	Payment	
Keith Lee				Sep 15, 2023	O Check	#264	
Street Address		Cîty			State	Zip Code	
408 Farmington A	lve, Apt 304	Hartford			СТ	06105	
Purpose of Expenditure (by code) WAGE	Description		Event	#	60.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below"	is check	ed)	1		
<u>(1) ардакиот</u>	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC D						
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	ord			30 days following p	orimary		
	P. Expenses	Paid by Committe	e				
Name of Payee Maxine Tulloch-H	enry			Date of Payment Sep 15, 2023	Method of Payment: Check #265 Debit Card EFT		
Street Address 44 Clermont St		City Hartford			State	Zip Code 06106	
Purpose of Expenditure (by code) WAGE	Description		Event	#	105.00	Amount	
Expenditure # (if applicable)							
Name of Payec			**************************************	Date of Payment	Method of Payment:		
Mary Alyson Pilagin Sep 15, 2023				Oheck #266 Debit Card DEFT			
Street Address City				State	Zip Code		
99 Pratt St, Apt 41	99 Pratt St, Apt 418 Hartford			СТ	06103		
Purpose of Expenditure (by code) RMB	Description	scription Event #				Amount	
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D B						297.54	
Name of Payee Date of Payment					Method of I Check		
Julia Rameikas				Sep 15, 2023	Debit		
Street Address 186 Oxford St		City Hartford			State CT	Zip Code 06105	
Purpose of Expenditure (by code) RMB	Description		Event	#	Amount 713.15		
Expenditure # (If applicable)	Type of Expenditure (Hemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)			, (3.)		
Name of Payee				Date of Payment	Method of I Check		
Adam Bourdeau	•			Sep 15, 2023	O Debit		
Street Address		City			State	Zip Code	
4 Hollow Rock Rd		South Hero			VT	05486	
Purpose of Expenditure (by code) WAGE	Description		Event	#	35.00	Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC D						
SUBTOTAL Section P — This Page 1,150.69						4 - 40	
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	TEE (Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT	<u> Carron</u> ela constanta de la c		
Fonfara for Hartfo	ord		200.000	30 days following	primary		
	P. Expenses	s Paid by Commi	ittee				
Name of Payee				Date of Payment		f Payment:	
Pawan Agrawal				Sep 19, 2023	ODebi	ck # <u>269</u> it Card	
Street Address		City			State	Zip Code	
110 Fennbrook R	d	West Hartford			СТ	06119	
Purpose of Expenditure (by code) WAGE	Description		Even	ıt #	37.50	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D						
Name of Payee				Date of Payment	Method of	f Payment:	
Angel Morales Sep 19, 2023					ODebi		
Street Address		City		, <u>, , , , , , , , , , , , , , , , , , </u>	State	Zip Code	
185 Brainard Rd	Rd Hartford				CT	06114	
Purpose of Expenditure (by code) WAGE	Description		Even	t #		Amount	
					500.0	0	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind count	ommittee)	lependent	<i>ed)</i>)A ○ B ○ C ○ D			
Name of Payee Date of Payment						f Payment:	
Identidad Latina	LLC			Sep 27, 2023	O Chec	***************************************	
Street Address		City	ty			Zip Code	
170 Milton St		West Hartford			СТ	06119	
Purpose of Expenditure (by code) A-NEWS						Amount 1,200.00	
					1,200	0.00	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind con	committee)	ow" is check dependent	,	1,200	0.00	
Expenditure #	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expending	committee)	idependent	,	Method o	f Payment:	
Expenditure # (if applicable)	None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind conclinated with reim	committee)	idependent	<u> Оа Ов Ос Ов</u>	Method of	f Payment: k #271	
Expenditure # ((f applicable) Name of Payce	None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind conclinated with reim	committee)	idependent	OA OB OC OD Date of Payment	Method o	f Payment: k #271	
Expenditure # ((f applicable) Name of Payee Budget Printers &	None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind conclinated with reim	committee) nuce)	idependent	OA OB OC OD Date of Payment	Method of Ohece	fPayment: .k #271 t Çard	
Expenditure # ((f applicable) Name of Payee Budget Printers &	None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind conclinated with reim	committee) ure)	idependent	OA OB OC OD Date of Payment Sep 27, 2023	Method o. Oheo Debi	fPayment: ck #271 t Card OEFT Zip Code 06106 Amount	
Expenditure # (If applicable) Name of Payee Budget Printers & Street Address 1718 Park St Purpose of Expenditure (the code)	None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expendint) Coordinated without reimbursement sought (in-kind constant) Embroiderers	City Hartford City Hartford City City	Even Even dependent	Date of Payment Sep 27, 2023	Method o.	fPayment: ck #271 t Card OEFT Zip Code 06106 Amount	
Expenditure # (If applicable) Name of Payee Budget Printers & Street Address 1718 Park St Purpose of Expenditure (by code) A-OTH Expenditure #	None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind contemporary) Embroiderers Description Type of Expenditure (Itemization in Addendum P Required to Coordinated with reimbursement sought (joint expenditue) Coordinated with reimbursement sought (joint expenditue) Coordinated without reimbursement sought (in-kind contemporary)	City Hartford City Hartford City City	Even Even dependent ganization()	Date of Payment Sep 27, 2023 The sed of the	Method o.	fPayment: ck #271 t Card OEFT Zip Code 06106 Amount	

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord				30 days following p	primary		
	P. Expenses	Paid by C	'ommittee					
Name of Payee Mary Alyson Pilag	gin		SSEED AND AND AND AND AND AND AND AND AND AN		Date of Payment Sep 27, 2023	Method of Oheck	«# <u>274 </u>	
Street Address		City		I		O Debit State	Card OEFT Zip Code	
99 Pratt St, Apt 41		Hartford				СТ	06103	
Purpose of Expenditure (by code) WAGE	Description			Event #	#	4,500.0	Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OBCOD					- 4,500.0	70	
Name of Payee Julia Rameikas				-	Date of Payment Sep 27, 2023	Method of I O Check	: # <u>275</u>	
Street Address 186 Oxford St		City Hartford				State CT	Zip Code 06105	
Purpose of Expenditure (by code) WAGE	Description			Event #	f	6,500.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	Independ	lent	d) A () B () C () D	0,500		
Name of Payee Angel Morales				location in the second	Date of Payment Sep 27, 2023	Method of I Check	#276	
Street Address 185 Brainard Rd		City Hartford				State CT	Zip Code 06106	
Purpose of Expenditure (by code) RMB	Description			Event #	1	189.28	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	ommittee) ure)	O Indepen	ndent _	ed) Da Ob Oc Ob		,	
Ramon Arroyo		1			Date of Payment Sep 27, 2023	Method of I Check	#277 Card O EFT	
Street Address 97 Amity St		City Hartford				State	Zíp Code 06106	
Purpose of Expenditure (by code) RMB	Description			Event #	į.		Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B OC OD							
	s	SUBTOTAL	Section P —	- This	Page 11,958.05			
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord			30 days following primary			
	P. Expenses	Paid by Committe	e				
Name of Payce			***************************************	Date of Payment	Method of	-	
Kevin Vega				Sep 27, 2023	Check		
Street Address		City		1	State	Zip Code	
25 Pawtucket St		Hartford			СТ	06114	
Purpose of Expenditure (by code) WAGE	Description		Event	#	750.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D						
Name of Payee		and the second s	Control of the Contro	Date of Payment	Method of I	•	
Sandra Lozada Sep 29, 2023			Check				
Street Address City				State	Zip Code		
170 Sisson Ave, Bldg 3-716 Hartford					CT	06105	
Purpose of Expenditure (by code) WAGE	The Description Event #				Amount		
Expenditure #	Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						
(if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D							
Name of Payee Date of Payment					Method of I	•	
Aida Perez Street Address				Sep 29, 2023	Check #280 Debit Card DEFT		
	10 Apt #601	City			State	Zip Code	
80 Charter Oak Av	/e, Apt #601	Hartford			CT	06106	
Purpose of Expenditure (by code) WAGE	Description		Event	#	Amount 150.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below"	is check	ed)	130,00	,	
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	e) [Indepe	ndent zation C	Оа Ов Ос Ор			
Name of Payee	According to the second	<u>พระบางการแบบการแบบการแบบการเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะเกาะ</u>	Service and Parketing	Date of Payment	Method of I		
La Voz Hispana				Sep 30, 2023	O Check		
Street Address		City			State	Zip Code	
51 Elm St, Suite 30)7	New Haven			СТ	06510	
Purpose of Expenditure (by code) A-NEWS	Description		Event	#	1,800.0	Amount O	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D						
SUBTOTAL Section P — This Page 2,850.00						i	
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Section P. ADDITIONAL PAGE 21 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Fonfara for Hartfo	ord	Najahi tersengan dan kecamatan		30 days following p	30 days following primary		
	P. Expenses	Paid by Committee	e	The state of the s			
Name of Payee	CONTRACTOR OF THE PROPERTY OF		Water and the second	Date of Payment	Method of	•	
Patricia Torruella				Sep 30, 2023	Check		
Street Address		City		J.,	State	Card OEFT Zip Code	
		Hartford			СТ	06106	
Purpose of Expenditure (by code) *MISC	Void check #173 - (did not want to be paid)		Event	#	- 15.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A OB OD D						
Name of Payee	The state of the s	All and the second seco		Date of Payment	Method of I	*	
Raul DeJesus Jr.			l	Sep 29, 2023	Oheck #VOID Debit Card DEFT		
Street Address City Hartford			State CT	Card OEFT Zip Code 06106			
Purpose of Expenditure (by code) *MISC	Description Void check #174 - (did not want to be paid)	.	Event	Ħ	- 55.00	Amount	
5 1. "							
Type of Expenditure # (if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A B C D							
Name of Payee		golangial (utanistat America) (Hammatariges) (Hijomand an isamatarigila da mahamatari		Date of Payment	Method of I	•	
Threshold Group,	Inc.			Sep 30, 2023	Check # Debit Card		
Street Address		City			State	Zip Code	
11 E 44th St Fl 3		New York			NY	10017	
Purpose of Expenditure (by code) A-OTH	Description		Event #	#		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" i	s check	ed)	2,565.3	31	
(if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	re) 🔘 Indeper		Да Ов Ос Ор			
Name of Payec		territoria (1990) (constituto con con con con con con con con con co		Date of Payment	Method of F		
Rennye Leiler				Sep 30, 2023	Check		
Street Address		City		I	State	Zip Code	
95 Tuttle Rd		Durham			СТ	06422	
Purpose of Expenditure (by code) RMB	Description		Event 7	#	33,78	Amount	
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required una	less "None of the below" is	checke	;d)			
ш <i>арунскаг</i> у	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	e) 🔘 Indepen) <u>a Ob Oc Od</u>			
	S	UBTOTAL Section P —	– This	Page 2,529.09			
		(Marie Contract of State Contract of Contr			and the second s		

Section P. ADDITIONAL PAGE 22 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Fonfara for Hartfo	ord			30 days following primary			
	P. Expenses	Paid by Commit	tee				
Name of Payes La Diferente Radi	o		XXXXXX	Date of Payment Sep 12, 2023	Method of Chec	k # <u>284</u>	
Street Address		City			O Debit State	t Card OEFT Zip Code	
30 Arbor St, Suite		Hartford			СТ	06106	
Purpose of Expenditure (by code) A-RAD	Description		Event	#	400.00	Amount 400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD					,	
Name of Payes Anedot				Date of Payment 9/4/23-9/30/23	Method of Check	k#	
Street Address 1340 Poydras Stre	eet Suite 1770	City New Orleans			State LA	Zip Code 70112	
Purpose of Expenditure (by code) *MISC	Description Fees		Event	#	247.30	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	nimittee)	ependent	d) A () B () С () D			
Name of Payee				Date of Payment	Method of Check	k#	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Expenditure # ([f applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind con	ommittee)	lependent	ed) Da Ob Oc Od			
Name of Payee				Date of Payment	Method of O Check	k#	
Street Address		City			State CT	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind control	ommittee)	ependent	OA OB OC OD			
220/44-22000		SUBTOTAL Section	P — This	Page 647.30			
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						400 - WRG - 3100/	
	TEE (Provide Complete Name as Registered with Filing Repository)			OF REPORT			
Fonfara for Hartfo	rd		30 da	ys following p	orimary		
	S. Expenses Incurred by Comm	nittee but Not Paid	During this	Period			
Name of Creditor			200,000 Per 100,000 Per 100	**************************************	Date Incurre	:d	
Mary Rydingswar	d			8/27/23			
Street Address		City			State	Zip Code	
176 Marcia Dr	176 Marcia Dr Bristol				СТ	06010	
Purpose of Expenditure (by code) WAGE	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)						.00	
Name of Creditor Angel Morales					Date Іпсиіте 9/12/23	d	
Street Address City				State	Zip Code		
185 Brainard Rd		Hartford			СТ	06114	
Purpose of Expenditure (by code) WAGE	Description		Event #	100 - 100 - 1	Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) Independent Organization: Organization: O D					1,000	.00	
Name of Creditor		g panagang kanagan 19 ampan na 18 mpan na apat 18 na mpan na 24 mpang na 19 mpan na 19 mpan na 19 mpan na 19 m	SCANTS CERTATE AND TO A MISSEAN FAR A MARKET PARTY OF THE STATE OF		Date Incurre	d	
Jessica Inacio					9/30/23		
Street Address 920 FM 2673 #35		City Canyon Lake			State TX	Zip Code 78133	
Purpose of Expenditure (by code) WAGE	Description		Event#			unt Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con the coordinated without reimbursement sought)	Indepe	endent	в Ос Ор	4,000	.00	
		SUBTOTAL Section	S-This Page	8,000.00		Allie	
	T	OTAL of additional Sec	tion S Pages	10,750.00		Wall of the Control o	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)						OCCESSOR AS ASSESSED CONTRACTOR OF THE CONTRACTO	
Previously reported Expenses Unpaid and still Outstanding					0		
	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)				18,750.00		
		A CONTRACTOR OF THE CONTRACTOR			and the same of th	достояння д	

Section S ADDITIONAL PAGE 1 of 2

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF					F REPORT		
Fonfara of Hartfor	d		30 da	ys following p	s following primary		
	S. Expenses Incurred by Comn	nittee but Not Paid	During this	Period		· · · · · · · · · · · · · · · · · · ·	
Name of Creditor Mitch Trew		оостория и под на п На под на под	THE REAL PROPERTY OF THE PROPE	deret e Christian de La Carrella de	Date Incurre 9/30/23	ed	
Street Address		City			State	Zip Code	
920 FM 2673 #35		Canyon Lake			TX	78133	
Purpose of Expenditure (by code) WAGE	re Description Event #				Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OR					.00	
Name of Creditor					Date Incurre	ed	
Rennye Leiler	•				9/30/23		
Street Address		City			State	Zip Code	
95 Tuttle Rd		Durham			ст	06422	
Purpose of Expenditure (by code) WAGE	Description		Event #		Amount Incurred (Estimate or Actual)		
Expenditure # ((f applicable) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) Independent Organization A B C D D					5,000	.00	
Name of Creditor Hilda Santiago					Date Incurre 9/12/23	ed	
Street Address		City			State	Zip Code	
86 South Ave		Meriden			СТ	06451	
Purpose of Expenditure (by code) WAGE	Description		Event #		1	ount Incurred mate or Actual)	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought)	Indepe	endent)в Ос О р	1,000	.00	
		SUBTOTAL Section	S-This Page	7,000.00			
	Т	OTAL of additional Sec	etion S Pages	10,750.00	agesta O.O.O. administrativa proprior p	and the second	
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summ		18,750.00		and the second s	
Previously reported Expenses Unpaid and still Outstanding 0							
A STEEL OF THE STATE OF THE STA	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)						
A CONTRACTOR OF THE CONTRACTOR			gan Ambalan A samenda aram da mada 200 (aba) ya ma	g transfer in the second se		germang 2000 til 1800 ki ki ki p agikan menanggan sanggan sanggan sanggan sanggan sanggan sanggan sanggan sanggan	

Section S ADDITIONAL PAGE 2 of 2

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE O					OF REPORT			
Fonfara of Hartford 30 day					ys following primary			
S. Expenses Incurred by Committee but Not Paid During this Period								
Name of Creditor		and the second s		// ///////////////////////////////////	Date Incurre	ed .		
Edna Garcia					9/12/23			
Street Address		City			State	Zip Code		
38 Siemon St		Bridgeport			CT	06605		
Purpose of Expenditure (by code) WAGE Event #					Amount Incurre (Estimate or Actua			
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D						250.00		
Name of Creditor		***************************************			Date Incurred			
Raquel Calderon					9/12/23			
Street Address		City			State	Zip Code		
163 Adelaide St		Hartford			СТ	06114		
Purpose of Expenditure (by code) WAGE	Description		Event #		Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	в Ос О р	1,500.00						
Name of Creditor					Date Incurred			
Guillermina Gonza	alez				9/12/23			
Street Address		City			State	Zip Code		
97 Amity St		Hartford			СТ	06106		
Purpose of Expenditure (by code) WAGE	Description		Event#			unt Incurred mate or Actual)		
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) Independent Organization A B OC						2,000.00		
·		SUBTOTAL Section	S-This Page	3,750.00				
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TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa		18,750.00		gygan ar san a		
germina-oktober/securing/selected parabolish seguina seguina seguina seguina seguina seguina seguina seguina s	Previously reported Exp	enses Unpaid and still O	utstanding	0	era (arramanya a 10 Departation Seriesa) (ayar	mannan Associa jeggydd folyddir en o'i ar ei se ser gene conse egynn o'i ar y ar ei y ar ei y ar ei y ar ei y a		
Annua ((1) (1) (1) (1) (1) (1) (1) (1) (1) (1	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU? e 28a, Column A of Summa		18,750.00		nga maganasa ka manasa ka mana		
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				PE OF REPORT					
Fonfara for Hartford 30 days				days fol	ays following primary				
	T. Itemization of Reimb	oui	rsements and Secon	dary Pa	yees				
Last Name of Worker/Const	uitant	Fir	SI		XXXIII AMARIAN	MI	Date of Parents	ayment to Vendor,	
Pilagin			ary Alyson				23		
	Entity Paid by Committee Worker/Consultant						Committee V	Vorker/Consultant as	
Staples			<u>,</u>	····	ــــــــــــــــــــــــــــــــــــــ	orted in Section P: Check #266 Debit Card EFT			
	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
2550 Albany Ave			West Hartford				CT	06117	
Purpose of Expenditure (by code) PRNT	Description copies			Event #			43,09	Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir	ed 1	inless "None of the below"	is checked)					
(if applicable)	None of the below Coordinated with reimbursement sought (joint expe	endit	ure) O Indepe	,	о в с) О			
Last Name of Worker/Cons	ultant	Fir	st	Thereto Arter (1917) And Comment	garangari in manda 1995 in 1996 in 19	MI		ayment to Vendor,	
Pilagin		М	ary Alyson				Person or 8/2/23	•	
Name of Vendor, Person or FedEx	Entity Paid by Committee Worker/Consultant					Section P:	_	Vorker/Consultant as	
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City				State	Zîp Code	
544 Farmington Av	re	Hartford					CT	06105	
Purpose of Expenditure	Description		Event #					Amount	
(by code)	copies						25.83		
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed i	inless "None of the helow"	is checked)					
(if applicable)	None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind)	ndite	ure) O Indepe	ŕ	О С		İ		
Last Name of Worker/Cons	ultant	Fi	rst			MI	Date of P Person or	ayment to Vendor, Entity	
Pilagin		Mary Alyson					8/9/2	•	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	Т			Payment t	yment to Reimburse Committee Worker/Consultant as			
FedEx					1 2	n Section P: ok # 266	O Debit Card OEFT		
Street Address of Vendor P	erson or Entity Paid by Committee Worker/Consultant	—	City			K # 200	State	Zip Code	
544 Farmington Av	·		Hartford				CT	06105	
Purpose of Expenditure	Description			Event#				Amount	
(by code) PRNT	copies						79.61		
Expenditure #							79.01		
(if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed u	inless "None of the below" i	s checked)					
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A					O B C	СОР			
SUBTOTAL Section T — This Page					ge 148.	148.53			
TOTAL of additional Section T Pages					es 185	1853.99			
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Section T ADDITIONAL PAGE $\frac{1}{}$ of $\frac{15}{}$

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE					PE OF REPORT					
				days following primary						
T. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Cons		Fir		J			мі	Date of P	ayment to Vendor,	
Pilagin		Mary Alyson						Person or 8/9/2:	•	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant		.		1,	Payment to	Reimhurse	Committee V	Vorker/Consultant as	
FedEx	• •				ſ		Section P:	_	oit Card OEFT	
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City					State	Zìp Code	
544 Farmington Av	e 		Hartford					CT	06105	
Purpose of Expenditure	Description			Event #					Amount	
(by code) PRNT	copies							79.61		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed i	ınless "None of the below" i	is check	ed)					
	None of the below Coordinated with reimbursement sought (joint expe	ndit	are) O Indepe	ndent 🙃	•	~ ~	\			
	Coordinated without reimbursement sought (in-kind			~	,	ово	СОВ			
Last Name of Worker/Cons	ultant	Fi	st	Very Control system	- AND AND AND AND A	annaga; margaman, agar	MI		ayment to Vendor,	
Pilagin		Μ	ary Alyson					Person or 8/12/2		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant							Committee V	Vorker/Consultant as	
Staples						eported in Chec	Section P: k # <u>266</u>	_ 🔾 Del	oit Card	
	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
2550 Albany Ave		West Hartford						CT	06117	
Purpose of Expenditure (by code) OFFICE	Description			Event #					Amount	
OFFICE								19.12		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)) C) (
125-5644	Coordinated without reimbursement sought (in-kind	CON	fribution) 🗖 Organi:	zation: c	A	ов о	$C \circ D$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
Last Name of Worker/Cons	uftant	Fi					MI	Date of P Person or	ayment to Vendor, Entity	
Pilagin Mary Alyson							9/9/23			
	Entity Paid by Committee Worker/Consultant	I					o Reimburse 1 Section P:	urse Committee Worker/Consultant as		
Target						Chec		_ 🔘 Del	oit Card OEFT	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		Cîty					State	Zîp Code	
333 N. Main St, Suit	te 10		West Hartford					CT	06117	
Purpose of Expenditure	Description			Event #	!				Amount	
(by code) OFFICE								50.28		
Expenditure #				l				30,20		
(if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed i		is check	ed)					
	None of the below Coordinated with reimbursement sought (joint expense)			ndent) (o 0				
	Coordinated without reimbursement sought (in-kind	con	tribution)	zation: c	A	ов о	$C \circ D$			
			SUBTOTAL Section T –	— This	Page	149.	01			
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IVIAL OF ALL	REIMBURGEMENT TO COMMITTEE V	γ C	VANERS AND CONS	OLIA	XIV I	3 2002	L, J L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Section T ADDITIONAL PAGE 2 or

of	15
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT.					
				3	30 days following primary					
T. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Cons	nitant	Fin	st	***************************************		МІ		ayment to Vendor,		
Rameikas		Ju	lia				Person of 7/29/	•		
Name of Vendor Person or	Entity Paid by Committee Worker/Consultant	<u> </u>	THE BUT OF THE SHOWING THE SHOWING THE SHOWS		Darmant	to Daimlussa				
Staples	rain of committee worker committee				reported	in Section P:	: Committee Worker/Consultant as			
					⊙ Che	eck # <u>267</u>		oit Card OEFT		
1	erson or Entity Paid by Committee Worker/Consultant		City				State Zip Code			
2550 Albany Ave			West Hartford				CT	06117		
Purpose of Expenditure	Description			Event #			Amount			
(by code) OFFICE							40.92			
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	od i	unlass "None of the below"	is chacke	J)		-			
(if applicable)	None of the below			is cheene	•					
	O Coordinated with reimbursement sought (joint expen			ndent O	0	0 0				
	Coordinated without reimbursement sought (in-kind	cor	atribution) 🔲 Organi:	zation: o	AOB	o C o D				
Last Name of Worker/Cons	ultant	Fin	rst			MI	Date of P Person or	ayment to Vendor,		
Rameikas		Ju	llia					7/30/23		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						Committee V	Vorker/Consultant as		
Staples					1 4	in Section P: ck # <u>267</u>	_ O Debit Card O EFT			
	erson or Entity Paid by Committee Worker/Consultant		City				State	Zîp Code		
2550 Albany Ave			West Hartford				CT	06117		
Purpose of Expenditure	Description	Event #					Amount			
(by code)	copies									
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed t	inless "None of the below" i	is checke	1)		12.03			
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Section T ADDITIONAL PAGE 3 of 15

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Staples					reported in Chec	Section P; k # <u>267</u>	_ O Debit Card O EFT		
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Street Address of Vendor, P 544 Farmington Av	erson or Entity Paid by Committee Worker/Consultant		City Hartford				State CT	Zip Code 06105	
Purpose of Expenditure	Description	_		Event #				l Amount	
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•					Chec	k # <u>267</u>	_ () Del	oit Card CEFT	
	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
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Section T ADDITIONAL PAGE 4 of 15

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	Entity Paid by Committee Worker/Consultant						Reimburse Section P:	Committee V	Vorker/Consultant as	
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Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
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Section T ADDITIONAL PAGE 5 of 15

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Rameikas		Ju	ilia					Person or 8/29/2		
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Section T ADDITIONAL PAGE $\frac{6}{}$ of $\frac{15}{}$

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	T. Itemization of Reim	bu	rsements and Secor	idary Pa	yees							
Last Name of Worker/Cons	sultant	Fi	rst			MI	Date of I	Payment to Vendor,				
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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1					Committee V	Worker/Consultant as				
Staples					reported in	n Section P: ck # <u>267</u>	_ () De	bit Card 🔵 EFT				
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https://www.tracfo	•		City				State	Zip Code				
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Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code					
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Purpose of Expenditure	Description			Event#				1 Amount					
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Section T ADDITIONAL PAGE $\frac{8}{}$ of $\frac{15}{}$

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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant							Committee \	Vorker/Consultant as	
https://www.uber.	com					reported in	n Section P: ck #276	O De	bit Card () EFT	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
			San Francis	co				CA		
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(by code)	20 Uber rides (receipts with various dates 8	≀\$ ŀ	between 7/3	31-9/11)				189.28		
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Rameikas		Ju	lia					9/10/	23	
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	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
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Purpose of Expenditure	Description				Event #				Amount	
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Rameikas		Ju	ilia					9/12/	=	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	-				Payment t	o Reimburse	Committee V	Vorker/Consultant as	
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		C.	SUBTOTAL	Section 1 -	— IIIS FA	ge 222.	70		THE STATE OF THE S	
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TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS						TS 2002	rs 2002.52			

# Section T ADDITIONAL PAGE 9 of 15

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	IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT					
Fonfara for Hartfor	d			30	days fol	lowing p	rimary					
	T. Itemization of Reiml	bu	rsements and Secon	dary Pa	yees							
Last Name of Worker/Cons	sultant	Fi	rst			МІ		ayment to Vendor,				
Arroyo		Ra	amon				Person o 8/20/	•				
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant						Committee 1	Worker/Consultant as				
The Home Depot					Che	n Section P: ck # <u>277</u>	_ <b>Q</b> De	Debit Card DEFT				
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code				
503 New Park Ave			West Hartford				СТ	06110				
Purpose of Expenditure (by code) OFFICE	Description			Event #			Amount 26.56					
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir		uulana "Nous af tha balaw"	in absolved	1		20.50					
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Arroyo		R	amon				Person o 8/25/					
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant					o Reimburse n Section P:	Committee 1	Worker/Consultant as				
Jamears Market					Che			bit Card OEFT				
	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code				
335 Capitol Ave			Hartford				СТ	06106				
Purpose of Expenditure (by code)	Description			Event #				Amount				
							60.00					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	ndit	ure) O Indepe	endent 🔿	0 (	) () o c o b						
Last Name of Worker/Con	sultant	Fi	rst			МІ	Date of l Person o	Payment to Vendor,				
Arroyo		R	amon				8/26/	•				
Name of Vendor, Person of Teddys Gulf	r Entity Paid by Committee Worker/Consultant				reported i	n Section P:	_	Worker/Consultant as				
					© Che	ck # <u>277</u>		bit Card EFT				
	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code				
1127 Capitol Ave			Hartford				CT	06106				
Purpose of Expenditure	Description			Event #				Amount				
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## Section T ADDITIONAL PAGE 10 of 15

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	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT  30 days following primary					
Fonfara for Hartford	·					·	lowing p	rimary				
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					(	• Chec	:k # <u>277</u>	_ O Debit Card O EFT				
1	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code			
1744 Park St			Hartford					СТ	06106			
Purpose of Expenditure	Description			Event#					Amount			
(by code) FOOD								14.04				
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Last Name of Worker/Cons	ultant	Fi	The state of the s	and the second second	graduur ang da aan	miles de la marche de la company de	мі	Date of	Payment to Vendor,			
Arroyo		R	amon					Person o 8/28/	-			
	Entity Paid by Committee Worker/Consultant				L		<u> </u>					
Jamears Market	Entry Para by Committee Worker/Constitution						o Remburse 1 Section P;	Committee	Worker/Consultant as			
Jaillears Market						Chec	ck # <u>277</u>	_ <b>Q</b> De	ebit Card CEFT			
	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code			
335 Capitol Ave			Hartford					СТ	06106			
Purpose of Expenditure	Description			Event #					Amount			
(by code) TRVL								60.00				
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Arroyo		R	amon					9/2/2	•			
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	Entity Paid by Committee Worker/Consultant				P re	Payment to eported in	o Reimburse n Section P:	Committee	Worker/Consultant as			
C-Town						• Chec	ck # <u>277</u>	_ <b>()</b> De	ebit Card 🔵 EFT			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code			
1744 Park St			Hartford					СТ	06106			
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		;	SUBTOTAL Section T -	This F	Page	79.2	4					
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## Section T ADDITIONAL PAGE 11 of 15

NAME OF COMMITTE	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT					
Fonfara for Hartford	d				30	30 days following primary						
	T. Itemization of Reiml	)uı	rsements and Se	econ	dary Pa	ivees						
Last Name of Worker/Cons		Fir			J	J	МІ	Date of P	ayment to Vendor,			
Arroyo		Ra	mon					Person or 9/2/23	•			
1	Entity Paid by Committee Worker/Consultant						o Reimburse o Section P:	e Committee Worker/Consultant as				
C-Town						Chec	k # <u>277</u>	O Debit Card O EFT				
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code			
1744 Park St			Hartford 					СТ	06106			
Purpose of Expenditure (by code)	Description				Event#				Amount			
(by code) FOOD								4.69				
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Last Name of Worker/Cons	ultant	Fin	st	7/27/27/27/A			MI		ayment to Vendor,			
Arroyo		Ra	imon					Person or 8/28/2				
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant							Committee W	Vorker/Consultant as			
Walmart						Chec	Section P: ck # <u>277</u>	_ O Del				
	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code			
495 Flatbush Ave			Hartford					СТ	06106			
Purpose of Expenditure	Description				Event #				Amount			
(by code) OFFICE								93,23				
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir	ed i	inless "None of the he	·low"	is checked	<u> </u>						
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	Coordinated without reimbursement sought (in-kind	COII	tribution)	Organi:	zation: o A	ов с	Сор					
Last Name of Worker/Cons	rultant	Fi	rst				MI		ayment to Vendor,			
Arroyo		Ra	amon				i	Person of 9/2/23				
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	I			·····	Payment t	n Reimburse		Vorker/Consultant as			
C-Town						reported in	Section P:	_	_			
						Che	sk # <u>277</u>		bit Card CFT			
· ·	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code			
1744 Park St	•		Hartford					СТ	06106			
Purpose of Expenditure	Description				Event #				Amount			
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Expenditure #					<u> </u>			1.00				
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VC	ORKERS AND C	ONS	ULTAN	TS 200	2.52					

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Fonfara for Hartfor	d	,,,,,,,,,,,,		30	days fol	lowing p	rimary		
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Arroyo		Ra	amon				9/7/2	*	
	Entity Paid by Committee Worker/Consultant					o Reimburse n Section P:	Committee 3	Worker/Consultant as	
Teddys Gulf			<b>,</b>		Che		_ <b>(</b> ) De	bit Card CEFT	
	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
1127 Capitol Ave			Hartford				СТ	06106	
Purpose of Expenditure (by code) TRVL	Description			Event #			20.00	Amount	
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Arroyo		R	amon				Person o. 9/8/2	•	
	r Entity Paid by Committee Worker/Consultant					o Reimburse n Section P:	Committee \	Worker/Consultant as	
Jamears Market					Che			bit Card OEFT	
	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
335 Capitol Ave			Hartford				CT	06106	
Purpose of Expenditure   Description   Even   Purpose of Expenditure   Description   Purpose of Expenditure   Purpose of Expenditure   Description   Purpose of Expenditure   Pu								Amount	
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Arroyo		R	amon				Person o 9/8/2	-	
Name of Vendor, Person of Jamears Market	r Entity Paid by Committee Worker/Consultant				reported in	o Reimburse n Section P: ck #277	_	Worker/Consultant as bit Card () EFT	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		100		State	Zip Code	
335 Capitol Ave			Hartford				СТ	06106	
Purpose of Expenditure	Description			Event #				Amount	
(by code) TRVL							60.00		
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Fonfara for Hartfor	d			30	days foli	owing p	rimary				
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Last Name of Worker/Cons	sultant	Fi	rst	***************************************		MI	Date of P	Payment to Vendor,			
Arroyo		Ra	amon				9/12/	•			
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						Committee V	Worker/Consultant as			
McDonald					Chec	Section P: ck # <u>277</u>	_ O Del	bit Card OEFT			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City		<u></u>		State	Zip Code			
214 Prospect Ave			Hartford				ст	06106			
Purpose of Expenditure (by code)	Description				Amount 147.98						
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Last Name of Worker/Cons	sultant	Fi	rst		SAAASTANSASINI SAAAATAA	MI	Date of Person of	Payment to Vendor,			
Arroyo		R	amon				9/12/	*			
Name of Vendor, Person or Jamears Market	Entity Paid by Committee Worker/Consultant					Section P:	_	Worker/Consultant as			
	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code			
335 Capitol Ave			Hartford				CT	06106			
Purpose of Expenditure (by code)	Description			Event#				Amount			
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Last Name of Worker/Cons	sultant		rst			MI	Date of I Person o	Payment to Vendor, r Entity			
Arroyo		R	amon				9/8/2	•			
Name of Vendor, Person or Walmart	Entity Paid by Committee Worker/Consultant				reported is	n Section P:	_	Worker/Consultant as			
Street Address of Vandor	Person or Entity Paid by Committee Worker/Consultant		City		Che	CK # <u>Z//</u>	De	bit Card CEFT			
495 Flatbush Ave	reson of Entry Land by Committee Worker Consultant		Hartford				CT	06106			
	D		Tidiciona	Event #							
Purpose of Expenditure (by code) OFFICE	Description			Event#				Amount			
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	red .	unless "None of the below"	is checked)							
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	W(	ORKERS AND CONS	SULTAN'	TS 200	2.52	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	and the state of t			
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NAME OF COMMITTE	TYPE OF REPORT 30 days following primary									
Fonfara for Hartford		***			30 da	ıys foll	owing pi	imary		
	T. Itemization of Reimb	u	rsements and Second	dary l	Paye	ees				
Last Name of Worker/Cons	uitant	Fi	rst				Ml		ayment to Vendor,	
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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	Ĺ			I P	avment to	Reimburge		Vorker/Consultant as	
McDonald					l re	eported in	Section P:	_		
					$\overline{\Gamma}$	Chec	k# <u>277</u>		oit Card OEFT	
	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
214 Prospect Ave			Hartford					CT	06106	
Purpose of Expenditure	Description			Event#					Amount	
(by code) FOOD								12.70		
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Arroyo		Rá	amon					Person or 9/13/2		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>			Ιρ	arment to	Painshurea		Vorker/Consultant as	
Jamears Market	Ziniy Tina o'y commina women commina		÷		re	eported in	Section P:	_		
						Chec	k #277		oit Card OEFT	
	erson or Entity Paid by Committee Worker/Consultant		Cíty					State	Zip Code	
335 Capitol Ave			Hartford					CT	06106	
Purpose of Expenditure	Description			Event#		•			Amount	
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Last Name of Worker/Cons	ultant	Fi	ist	AAATT A			MI	Date of P Person or	ayment to Vendor,	
Leiler		R	ennye					7/10/2	•	
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USPS					18	eported in	Section P:	_		
					$\perp$	• Chec	k# <u>283</u>		oit Card OEFT	
·	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
115 Main St			East Berlin					CT	06023	
Purpose of Expenditure	Description			Event #					Amount	
(by code) POST								9.65		
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## Section T ADDITIONAL PAGE 15 of 15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Fonfara for Hartford					TYPE OF REPORT  30 days following primary				
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T. Itemization of Reimbursements and Secondary Payees									
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		ne	Rennye				7/14/23		
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			O Ch	eck # <u>283</u>	·····	bit Card OEFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant  115 Main St			City				State	Zip Code	
			East Berlin					06023	
Purpose of Expenditure (by code) POST Description			Event #					Amount	
POST								1,32	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	unless "None of the below"	is checked	I)					
None of the below Coordinated with reimbursement sought (joint expenditure) Independent									
	Coordinated with reimbursement sought (joint expe				A O B	O O			
Last Name of Worker/Consultant			rst		alminiative severe continue	MI		Payment to Vendor,	
Leiler		Re	Rennye				Person of 8/25/		
Name of Vendor, Person or				Paymen	to Reimburse	Committee V	Worker/Consultant as		
Walmart						in Section P: eck #283	Debit Card DEFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			cck // <u>203</u>	State	Zip Code	
161 Berlin Rd			Cromwell				СТ	06416	
Purpose of Expenditure Description			Event #					Amount	
(by code) OFFICE									
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed i	ınless "None of the below"	is checked	1)				
None of the below Coordinated with reimbursement sought (joint expenditure)									
	Coordinated with reimbursement sought (in-kind				О 1 4 ов	$\mathcal{O} \mathcal{O}$			
Last Name of Worker/Consultant		Fi	First			МІ	Date of Payment to Vendor, Person or Entity		
Leiler		Re	Rennye			9/5/23			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		<u> </u>			Paymen	t to Reimburse	Committee	Worker/Consultant as	
USPS						in Section P: eck #283	_ O Debit Card O EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			· City					Zip Code	
115 Main St			East Berlin					06023	
Purpose of Expenditure	Description			Event #				Amount	
(by code) POST							9.65	rinount	
Expenditure #	The state of the s				F)		7.03		
(If applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below	ea i	mess "None of the below" (	іѕ снескей	"				
Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Independent  Organization: o A						O O O D			
				SON	Petrica Valletini (1855)		A CANCES AND CONTRACTOR AND CONTRACT	e de la companya de l	
SUBTOTAL Section T — This Page 24.13									
TOTAL of additional Section T Pages 1853,99									
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS 2002.52									
		·v			over mental and an entire	, ,			