SEEC FORM 20

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

TOWN & CITY CLERK

Do Not Mork in This Space For Official Use Carry: 12

COVER PAGE

1. NAME OF COMMITTEE					61.				
ROSSETTI FOR COUNCIL									
2. TREASURER NAME									
First		MI	Last				Suffix		
H. Charmaine			Craig						
3, TREASURER ADDRESS									
Street Address		Cit	у		State	Zip Co	ode		
171 Sherbrooke Avenue		Hartford CT							
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	5. OFFICE SOUGHT (Complete only if Candidate Committee) 6. D							
(mm/dd/yyyy) 11/07/2023	Council					(if applicable)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI	Last				Suffix		
Marilyn	l	E.	Rosse	tì					
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ding primary	O 7tl	day preceding referendum	Olnitial (PACs (Contribution of	r Disbursement		
O April 10 filing	O30 days follow	ving primary	O45	days following referendum	dment to				
• July 10 filing	O7th day preced	ding election	O Do	fieit	Туре о	f Report:	port:		
October 10 filing	Ol2th day prece	eding election mmittees Only)	O Te	rmination	10 filing	ing			
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving election							
9. PERIOD COVERED									
	Beginning Da	te		Ending Date	•				
	04/01/23		thru	06/30/23			;		
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe					nis Itemize o	l Campaign F	inance		
A. Charmure C	wes	Н.	Charmair	e Craig		07/10/2	2023		
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PRI	NT NAME	OF SIGNER		DATE (mm/dd/yyyy)		
A person who is				olated any provisions of the imprisonment or both,	e campaigr	ı finance statu	ites		

Page 1 of 17

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$40.00	
13. Contributions Received from Individuals (Sections A and B)	\$4, 425.00	
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$4,465.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)	\$517.07	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$3947.93	
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)	\$12.00	
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	\$334.13	
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
ROSSETTI FOR COUNCIL		July 10 Filing	July 10 Filing			
A. Total Contributions from Small Contributors-Recei- (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 4,425.00	\$ 4,425.00			
B. Itemized Co	ontributions from Indiv	iduals		MI		
Leclerc	Marcia			A.		
Residential Street Address	City		State	Zîp Code		
673 Burnham Street	East Hartford		CT	06108		
Principal Occupation Retired	Name of Employer					
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?			, Amo	ount of Contribution		
event reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contra	et is with: OExecutive	Legislative No	_			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Received y Order 06/01/2023	Aggregate Contributions				
Last Name	First			В		
Coursey Residential Street Address	Mary City		Chata	Zip Code		
21 Walbridge Road	West Hartford		State	06106		
Principal Occupation	Name of Employer			00100		
Public Affairs Consultant	Coursey & Compa	nv		ļ		
	<u> </u>		1 4	and of Contains		
	00 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality Yes No \$250.00					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which broof government the contributor.		_ Ö No				
Method of Contribution:	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 06/01/2023					
Last Name	First			MI		
Boucher	Kristen					
Residential Street Address	City		State	Zip Code		
133 Cumberland St.	Hartford		СТ	06106		
Principal Occupation	Name of Employer					
RN/Nurse Educator	Hartford Healthca					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		t with said municipality	, Anno \$15	ount of Contribution 0.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contri		∑ No				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 06/01/2023	La vinte de la constante de la				
SUB	TOTAL Section B — Thi	s Page \$500.00	···			
ΤΟΤΆ	L of additional Section B	Pages \$3,925.00		Secretary and the secretary an		
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections 13, Column A of Summary Page					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	TILLIDE JETOVICE COMP							
		Ci (Contributio	ns from Othe	er Con	mittees		WW-010100-24MCC-14WW-4-DKC-16YA
Name of Committee	Generalization and the second seco	NAME OF THE OWNER O		TRANSPORTE CONTRACTOR	Name of Tr			
Address	 			Is this contribut	ion assoc	ated with an Oyes Ono	Amount o	f Contribution
				event reported i	n Section	L1? ; list Event #		
City		State	Zip Code	Date Received		Aggregate Contributions		
Name of Committee				1	Name of Tr	ensurer		
Address				Is this contribut	ion assoc	ated with an OYes ONo	Amount o	f Contribution
				event reported i	n Section <i>If ye</i> s	L1? ;, list Event#		
City	TOTAL STRUCTURE OF THE	State	Zip Code	Date Received		Aggregate Contributions	-	
Name of Committee	NOVO ANG CONTROL OF THE PROPERTY OF THE PROPER		***************************************	1	Vame of Tr			mazarmi Packti minimum megi keti serinj
Name of Communec				Ι.	Yime or i.	eastiici		
							,	
Address	Is this contribution associated with an Yes No event reported in Section L1?						Amount o	f Contribution
				event reported a	If yes	;, list Event #	_	
				1				
City		State	Zip Code	Date Received	1	Aggregate Contributions		
City		State	Zip Code	Date Received	1	Aggregate Contributions		
City	C.					Aggregate Contributions		
City Name of Committee	C2.			lus Distributi		m other Committees		
	C2.			lus Distributi	ons fro	m other Committees		
Name of Committee	C2.			lus Distributi	ons fro	m other Committees	Eyap	Trin Code
	C2.			lus Distributi	ons fro	m other Committees	State	Zip Code
Name of Committee		Reimbursemer		lus Distributi	ons fro	m other Committees	State	Zip Code
Name of Committee	Expenditure # (if applicable)	Reimbursemen	its or Surpl	lus Distributi	ons fro	m other Committees		Zip Code t of Receipt
Name of Committee Address	Expenditure #	Reimbursemen		lus Distributi	ons fro	m other Committees		
Name of Committee Address	Expenditure #	Reimbursemen	its or Surpl	lus Distributi	ons fro	m other Committees		
Name of Committee Address Date Received Description	Expenditure #	Reimbursemen	its or Surpl	City expense OSurp	ons fro	Aggregate Contributions m other Committees easurer bution		
Name of Committee Address Date Received	Expenditure #	Reimbursemen	its or Surpl	City expense OSurp	ons fro	Aggregate Contributions m other Committees easurer bution		
Name of Committee Address Date Received Description	Expenditure #	Reimbursemen	its or Surpl	City expense OSurp	ons fro	Aggregate Contributions m other Committees easurer bution		
Name of Committee Address Date Received Description	Expenditure #	Reimbursemen	its or Surpl	City expense OSurp	ons fro	Aggregate Contributions m other Committees easurer bution		
Name of Committee Address Date Received Description Name of Committee	Expenditure #	Reimbursemen	its or Surpl	City expense OSurp	ons fro	Aggregate Contributions m other Committees easurer bution	Атоин	t of Receipt
Name of Committee Address Date Received Description Name of Committee	Expenditure # (if applicable)	Reimbursemen	nts or Surpl	City expense OSurp	ons fro	Aggregate Contributions m other Committees easurer bution	Amoun	t of Receipt
Name of Committee Address Date Received Description Name of Committee	Expenditure # (if applicable)	Payment Type OReimburser Payment Type	nts or Surpl	City City	ons fro	m other Committees easurer	Amoun	t of Receipt
Address Date Received Description Name of Committee Address	Expenditure # (if applicable)	Payment Type OReimburser Payment Type	nts or Surpl	City City	ons fro	m other Committees easurer	Amoun	t of Receipt
Name of Committee Address Date Received Description Name of Committee	Expenditure # (if applicable)	Payment Type OReimburser Payment Type	nts or Surpl	City City	ons fro	m other Committees easurer	Amoun	z of Receipt
Address Date Received Description Name of Committee Address	Expenditure # (if applicable)	Payment Type OReimburser Payment Type	nts or Surpl	City City	ons fro	m other Committees easurer	Amoun	z of Receipt
Address Date Received Description Name of Committee Address	Expenditure # (if applicable)	Payment Type OReimburser Payment Type	nent for shared o	City City	ons fro	Aggregate Contributions m other Committees casurer bution tribution	Amoun	t of Receipt
Address Date Received Description Name of Committee Address	Expenditure # (if applicable)	Payment Type OReimburser Payment Type	ment for shared of sement for shared SUBTO	City City City City City City City City City	ons fro	m other Committees casurer bution casurer tribution	Amoun	t of Receipt
Address Date Received Description Name of Committee Address	Expenditure # (if applicable) Expenditure # (if applicable)	Payment Type Reimburser Payment Type Reimburser	nent for shared sement for share	City	ons fro	Aggregate Contributions m other Committees casurer bution tribution ris Page C Pages	Amoun	z of Receipt
Address Date Received Description Name of Committee Address	Expenditure # (If applicable) Expenditure # (If applicable)	Payment Type OReimburser Payment Type	nent for shared of sement for share SUBTO	City	ons fro	Aggregate Contributions m other Committees casurer bution tribution ris Page C Pages CCEIPTS	Amoun	z of Receipt

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		***************************************	TYPE OF REPORT				
ROSSETTI FOR COUNCIL			July 10				
A. Total Contributions from Small Contributors-Recei- (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	S				
B. Itemized Co		butions from Indivi	duals			MI	
LeShane		Patricia					
Residential Street Address	City	City State Zip Code					
1090 Prospect Ave.	Har	rtford		СТ	0610		
Principal Occupation		Name of Employer		J	<u> </u>		
GR/PRConsultant		Sullivan & LeShane)			ļ	
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?	0 to a c	candidate for a chief executive sociated with have a contract Oyes ONo	e officer of a municipalit with said municipality		ount of 6	Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Yes No If yes, indicate which bra of government the contra	anch o	or branches	e contractor? Ycs OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card Payroll Deduction OMone	y Ord	er 5/22/23	Name of the State				
Last Name		First				МІ	
Kraczkowsky		Kathleen					
Residential Street Address	City	rtfard		State	Zip Co	ţ	
100 Goodwin Circle	Hai	rtford		СТ	0610	U5 	
Principal Occupation		Name of Employer					
Director of Park Operations		Elizabeth Park Cons					
	00 to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality Yes No No No No No						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a figure, indicate which be of government the contributor.	anch c	a state contractor or prospective state contractor? Anch or branches Yes No					
Method of Contribution:			Aggregate Contributions	-			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Ordo	er 6/1/23					
Last Name		First		Andrea and a second	10.Quidades anno 11.	MI	
Sullivan		Patrick					
Residential Street Address	City			State	Zip Co)	
1090 Prospect Ave	Hai	rtford		СТ	061	06	
Principal Occupation		Name of Employer					
GR/PR Consultant		Sullivan & LeShane		···			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Am \$50		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Security Securit							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 6/1/23					
SUB	тот	'AL Section B — This	Page \$300.00				
тота	L of	additional Section B F	ages \$3925.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A Column A of Summary Page			iminipal nemera territorio,	gegerelinkisk som tremsk od stamme, skap skippen og	

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Last Name			First Name					ΛI
Amenta			Anthony					J
Residential Street Address			City			State	Zip	
320 North Steele	Road		West	Ha	artford	СТ	Code	06117
Principal Occupation					Name of Employer			
Principal					Amer	nta Emma	Arch	nitects
is contributor a lobbyist, spouse, or dependent					\$400 to a candidate comm	ittee for a		
child of a lobbyist?	No		he associate	ed w	unicipality does contributo vith have a contract with sa han \$5000?		N	lo
is this contribution associated with an event	·		a principal o	of st	ate contractor or prospec	tive state		
reported in Section L1?	No	contractor?					N	o
Method of Contribution	Date R	Received		Ag	gregate Contributions	Amount of		
Credit Card		05/17	/2023			Contribution		\$250.00
) Oreal Cara	·	00/17	12023	<u> </u>				φ <u>230.00</u>
Last Name			First Name	-			Ī	ЛI
Anderson				Arl	hur			Т
Residential Street Address			City			State	Zip	
221 Trumbull			Hartfo	ord		СТ	Code	06103
Principal Occupation		····			Name of Employer			
Executive					lmag	neers, Llo	:	
is contributor a lobbyist, spouse, or dependent					\$400 to a candidate comm	ittee for a		
child of a lobbyist?	No		he associate	ed w	unicipality does contributo with have a contract with sa han \$5000?		N	o
Is this contribution associated with an event			a principal o	of st	ate contractor or prospec	tive state		
reported in Section L1?	No	contractor?					N	o
Method of Contribution	Date R	teceived	······································	Ag	gregate Contributions	Amount of		
Credit Card		05/08	/2023			Contribution		\$250.00
Orcas Gard	<u></u>	00/00	72020	L			· · · · ·	Ψ230.00
Last Name			First Name				1	ЛI
Asadow				Jei	nnifer		Ì	
Residential Street Address			City			State	Zip	
22 Ridgebrook Dr			West	Ha	artford	СТ	Code	06107
Principal Occupation					Name of Employer		J	
Retired					Retire	ed		
Is contributor a lobbyist, spouse, or dependent					\$400 to a candidate comm	ittee for a		
child of a lobbyist?	No	business he/si municipality va	ne associate	d w	unicipality does contributo vith have a contract with sa han \$5000?	r or aid	N	o
ls this contribution associated with an event			a principal o	of st	ate contractor or prospec	ive state		
reported in Section L1?	No	contractor?					N	0
Method of Contribution	Date R	eceived		Ag	gregate Contributions	Amount of		····
Credit Card		06/30	/2023			Contribution		\$100.00
J. Odik Odik	<u> </u>	00/00	, V.L. V	L				φ 1 0 0 . 0 0

Last Name		, , , , ,	First Name					N	11
Bazzano			,	Jol	hn				
Residential Street Address			City			State	Z	ip ode	
96 Hubbard road			Hartfo	ord			TC	oae	06114
Principal Occupation					Name of Employer				
Retired					Retire	ed			
is contributor a lobbyist, spouse, or dependent					\$400 to a candidate comm				
child of a lobbyist?	No				unicipality does contributor vith have a contract with sa			N	o
		municipality va	alued at moi	re tl	han \$5000?				
Is this contribution associated with an event			a principal o	of st	tate contractor or prospect	ive state			
reported in Section L1?	No	contractor?						N	o
Method of Contribution	Date R	Received		Agg	0 0	Amount o			.,
Credit Card		06/27	/2023			Contribut	noı.	. \$	3100.00
Last Name			First Name					M	11
Craig			1	Me	ellissa				R
Residential Street Address			City			State	Z	ip ode	
73 Williams St			Hartfo	ord	.	(CT	·····	06120
Principal Occupation					Name of Employer				
Artist instructor					CREC	C			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?					\$400 to a candidate comm unicipality does contributo		3		
Critic of a loodyistr	No	business he/sh	ne associate	d w	vith have a contract with sa			N	0
		municipality va	alued at mo	re t	han \$5000?				
Is this contribution associated with an event		Is contributor contractor?	a principal c	of st	tate contractor or prospect	ive state			
reported in Section L1?	No	CONTRACTORY						N	0
Method of Contribution	Date R	Received		Ag	gregate Contributions	Amount o			
Credit Card		06/01	/2023			CUITTIDA	JUH		\$50.00
Last Name			First Name					٨	11
Foster				Mε	ary-Jane				
Residential Street Address			City			State	2	ip iode	
One Gold Street			Hartfo				CT		06103
Principal Occupation					Name of Employer				
Nonprofit administration	n					ord Inte		Ho	use
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?					\$400 to a candidate communicipality does contributo		3		
Child of a toppyist?	No	business he/sl	ne associate	d w	vith have a contract with sa			Ν	o
		municipality v	alued at mo	re t	tnan \$5000?				
is this contribution associated with an event			a principal c	of st	tate contractor or prospec	tive state			
reported in Section L1?	No	contractor?						N	0
Method of Contribution	Date F	Received		Ag.	gregate Contributions	Amount o			
Credit Card		05/16	/2023			CONTINU	uvi i		\$50.00
		and the same of the same of the same of							

ROSSETTI	TOR	Council
	Sal	uib

Last Name			First Name	;			V	4I
Granfield-Horton				Ha	nnah			F
Residential Street Address			City			State	Zip	
97 Westerly Terra	ce		 Hartf	ord	I	СТ	Code	06105
Principal Occupation			<u> </u>		Name of			
Director of Strategic E	ngage					enor's Pr	event	tion
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	e officer of a ne associate	a mu ed w	\$400 to a candi ជាអ្នក ក្រុងប្រុ unicipality does contributo vith have a contract with sa han \$5000?	rot	N	0
Is this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal (of st	tate contractor or prospec	ive state	N	0
Method of Contribution	Date R	l Received	· · · · · · · · · · · · · · · · · · ·	Ag	gregate Contributions	Amount of		
Credit Card		06/02	/2023			Contribution	· · · · · · · · · · · · · · · · · · ·	\$50.00
Last Name			First Name				IN	A)
Hale					ale		"	
Residential Street Address			City	Ja	CK	State	Zip	N
25 Carmel Street			Hartfo	ord		СТ	Code	06106
Principal Occupation					Name of Employer			
Retired		T		╝	Retire			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	officer of a	a mu ed w	\$400 to a candidate communicipality does contributo with have a contract with sa han \$5000?	ror	N	0
ls this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal o	of st	tate contractor or prospect	ive state	N	0
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of		
Credit Card		06/01	/2023			Contribution		\$50.00
Last Name			First Name				IM	11 1
					n n ifa u			"
Hockenhull Residential Street Address			City	Jei	nnifer	State	Zip	
135 oxford st			Hartfo	م-ما		Į.	Code	00405
Principal Occupation			папис		Name of Employer	CT		06105
Accountant					ACHA	L		
Is contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of:	\$400 to a candidate comm			
child of a lobbyist?	No	chief executive business he/sh municipality va	ie associate	d w	unicipality does contributo with have a contract with sa han \$5000?	or id	No	o
ls this contribution associated with an event reported in Section L1?	No	Is contributor contractor?	a principal c	of st	ate contractor or prospect	ive state	No	0
Method of Contribution	Date R	<u>l</u> eceived		Age		Amount of		
Credit Card		06/01	/2023			Contribution	\$	100.00
	 			Ь		· · · · · · · · · · · · · · · · · · ·	Ψ	

Last Name			First Name					N	11
Horton				Ва	rnaby				1
Residential Street Address			City			Sta	ate	Zip	
97 Westerly Terra	ce		Hartfo	ord			СТ	Code	06105
Principal Occupation					Name of Employer			******	
Financial Advisors					Merri	ill Lvr	nch		
ls contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate comn	nittee f			
child of a lobbyist?	No		ne associate	ed w	unicipality does contributo vith have a contract with s han \$5000?			N	0
ls this contribution associated with an event			a principal o	of st	ate contractor or prospec	tive st	ate		
reported in Section L1?	No	contractor?						N	o
Method of Contribution	Date R	leceived		Agg	gregate Contributions	Amou	int of		
Credit Card	<u> </u>	05/22	/2023	<u> </u>		Contra	ibution	9	\$100.00
Last Name			First Name					N	11
Jarvis				Ke	lly				
Residential Street Address			City			Sta	ate	Zip	
1060 Prospect Av	enue		Hartfo	ord		ł	СТ	Code	06105
Principal Occupation					Name of Employer				
Homemaker					Hom	emal	cer		
is contributor a lobbylst, spouse, or dependent		If contribution	ls in excess	of	\$400 to a candidate comn	nittee I	for a		
child of a lobbyist?	No	business he/sł municipality va	ne associate	d w	unicipality does contributo ith have a contract with s han \$5000?	aid		N	0
ls this contribution assoclated with an event			a principal o	of st	tate contractor or prospec	tive st	ate		
reported in Section L1?	No	contractor?						N	0
Method of Contribution	Date R	l ecelved		Agg	gregate Contributions	Amou	ınt of		
Credit Card		05/17	/2023			Contr	ibution	ģ	\$250.00
Ordan Odra		00/1/	72020						2200.00
Last Name			First Name					N	11
Jordan				La	ura			1	j
Residential Street Address			City			St	ate	Zip	
43 Girard Ave			Hartfo	ord			СТ	Code	06105
Principal Occupation					Name of Employer				
Government affairs					Starr	ıford	health	1	
ls contributor a lobbyist, spouse, or dependent					\$400 to a candidate comn		or a		
child of a lobbyist?	Yes		ne associate	d w	unicipality does contributo vith have a contract with s han \$5000?			N	0
Is this contribution associated with an event			a principal o	of st	tate contractor or prospec	tive st	ate		
reported in Section L1?	No	contractor?						N	o
Method of Contribution	Date R	eceived		Agi	gregate Contributions	Amou			
Credit Card		06/02	/2023			Contr	ibution	9	100.00
Oroni Oglu		00/02		<u></u>		1		4	,

Section B - Itemized Contributions	from Ir	ndividuals∃		NUSSET	Ti FOR	Jaly 12
						Jaly 12
Last Name			First Name			MI
Lebron				Nick		
Residential Street Address			City		State	Zip
192 laurel st			Hartfo	rd	СТ	Code 06105
Principal Occupation				Name of Employer		***************************************
Super Hero				Car	tholic charitie	∍s
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executiv business he/s	e officer of a he associated	of \$400 to a candidate cor municipality does contribe I with have a contract with e than \$5000?	utor or	No
Is this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal o	f state contractor or prosp	ective state	No
Method of Contribution	Date	Received		Aggregate Contributions	Amount of	
Credit Card		06/01	/2023		Contribution	\$100.00
3,031,0			12020			Ψ.00.00
Last Name			First Name			MI
Lennon				Susan		
Residential Street Address			City			Zip Code
165 Elizabeth Str	eet		Hartfo	rd	СТ	06105
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive business he/s	e officer of a he associated	Ref of \$400 to a candidate cor municipality does contributed with have a contract with the than \$5000?	utor or	No
Is this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal o	f state contractor or prosp	ective state	No
Method of Contribution	Date	 Received	1	Aggregate Contributions	Amount of	
Credit Card		05/25	6/2023		Contribution	\$50.00
Last Name			First Name			MI
McCabe				Patrick	C+-+-	*71
Residential Street Address			City			Zip Code
11 forest rd Principal Occupation			west h	nartford Name of Employer	CT	06103
public affairs					pitol Strategi	es Group
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	chief executive	e officer of a he associated	of \$400 to a candidate cor municipality does contribu I with have a contract with	nmittee for a utor or	No No
Is this contribution associated with an event reported in Section L1?	No	is contributor contractor?	a principal ot	f state contractor or prosp	ective state	No
Method of Contribution	Date I	_I Received	<u> </u>	Aggregate Contributions	Amount of Contribution	

05/22/2023

Credit Card

\$100.00

Last Name			First Name					M	1
O'Neill				Me	egan				j
Residential Street Address			City			Stat	e Z	Zip	
8 Auburn Rd			West	Ho	artford		CT	Code	06119
Principal Occupation		·	vvest		Name of Employer		Oil		00113
• '						r			ļ
Retired Is contributor a lobbyist, spouse, or dependent		If contribution	le in ovene	of '	Retire \$400 to a candidate comm		r 3		
child of a lobbyist?					unicipality does contribute		t a		
·	No				rith have a contract with sa	aid		No)
		municipality va							
Is this contribution associated with an event reported in Section L1?		Is contributor a contractor?	a principal o	of st	ate contractor or prospec	tíve stat	e		
reported in Section En	No	Contractor						No)
Method of Contribution	Date R	eceived		Age	gregate Contributions	Amoun			
Credit Card		06/01	/2023			Contrib	ution	\$	100.00
Orean Cara	<u> </u>	00/01/	72020	<u> </u>		l		Ψ	100.00
Last Name			First Name					М	
OHalloran				Ry	an				ĺ
Residential Street Address			City	ıvy	an and an	Stat	e l	L Zip	
040 North Doggon	Ctur o	ı	,	لمسم			į.	Code	06405
240 North Beacon Principal Occupation	Stree) <u> </u>	Hartfo		Name of		СТ	· · · · · · · · · · · · · · · · · · ·	06105
·					Employer		1 41		_
Sr Development Office	<u>r</u>	l.c	·		Hartford			n tor	Public
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution chief executive	is in excess officer of a	or: mu	\$400 to a candida ្រោតក្រាក unicipality does contribute	nttee to For	ra		
,	No	business he/sh	ne associate	d w	ith have a contract with sa			No)
		municipality va	alued at mo	re ti	nan \$5000? 				
Is this contribution associated with an event		Is contributor a contractor?	a principal c	of st	ate contractor or prospec	tive stat	e		
reported in Section L1?	No	CONTRACTOR						No	,
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amoun			
Credit Card		06/01	/2023			Contrib	ution	\$	100.00
Service and the service and th				1	ta de la companya de			<u>Ψ</u>	100.00
Last Name			First Name					М	1
Perkins				Rre	ewster				В
Residential Street Address	****		City	<i>101</i>	<u> </u>	Stat	e	Zip	
180 Fern street			West	Ша	ortford	- [СТ	Code	06119
Principal Occupation			VVGSt		Name of Employer		Oil		00119
						- D			
Insurance Is contributor a lobbyist, spouse, or dependent		if contribution	is in aveass	of	\$400 to a candidate comm	Brot			
child of a lobbyist?		chief executive	e officer of a	mu	unicipality does contribute	ror			
·	No	business he/sł municipality va			ith have a contract with sa	ald		No)
		' '							
ls this contribution associated with an event reported in Section L1?		ls contributor contractor?	a principal o	of st	tate contractor or prospec	tive stat	e		
	No	-37.5.						No)
Method of Contribution	Date R	eceived		Ag	gregate Contributions	Amour			
Credit Card	Ì	06/28	/2023	1		Contrib	Judon	\$	250.00
	!			ببسك					

									1,0
Last Name			First Name						ΛI
peters			l	Ch	ristopher			- }	
Residential Street Address			City	-		Stat	te	Zip Code	
11 Cranton ave			Old S	ay	brook		СТ	Code	06475
Principal Occupation			<u> </u>		Name of Employer			 	
FA					Janne	÷γ			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	officer of a ne associate	a mi	\$400 to a candidate comm unicipality does contributor with have a contract with sa han \$5000?	or	эr a	N	lo
ls this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal c	of s	tate contractor or prospect	ive sta	te	N	o
Method of Contribution	Date R	eceived		Ag		Amour			
Credit Card		06/24	12023			Contril	oution	I	\$50.00
Orden Gard	<u> </u>	00,21	2020	Ц					Ψ00.00
Last Name			First Name					Th.	ΛĬ
Przybysz				Ke	nneth				L
Residential Street Address			City			Stat		Zip	
50 Goodwin Circle	;		Hartfo	ord			СТ	Code	06105
Principal Occupation					Name of				
Consultant/Lobbyist-S	elf Em	ploved			Employer Przybysz	+ As	socia	ates	l
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution chief executive business he/sh municipality va	ne associate	d w	\$400 to a canddalo នុក្សកា unicipality does contributor ith have a contract with sa han \$5000?	ene A or id	iffairs	s N	o
ls this contribution associated with an event reported in Section L17	No	Is contributor a contractor?	a principal c	of st	tate contractor or prospecti	ive stal	te	N	О
Method of Contribution	Date R	eceived		Ag.	gregate Contributions	Amour	nt of		
Credit Card		06/20	/2023	İ		Contrib	oution		\$200.00
	!			<u> </u>					φ <u>200.00</u>
Last Name			First Name					1	ΛI
Roncari				Gil	da			l	
Residential Street Address			City			Stat		Zip	
34 Kenmore Road			Bloon	nfie	eld		СТ	Code	06002
Principal Occupation					Name of Employer			L	
Development Director					Hartfo	ord Pu	ublic	Libra	arv
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	officer of a e associate	mı d w	\$400 to a candidate commi unicipality does contributor vith have a contract with sai	ittee fo		N	
ls this contribution associated with an event reported in Section L17	No	ls contributor : contractor?	a principal c	of st	tate contractor or prospect	ive stat	te	N	О
Method of Contribution	Date R	ecelved		Ag		Amour			
Credit Card		06/01	/2023		ļ	Contrit	ution		\$100.00

		 						
Last Name			First Name					MI
Rose				Gr	egory			d
Residential Street Address			City			State	Zip	
6 Goodwin Cir			Hartfo	ord	[Code	06105
Principal Occupation					Name of Employer	<u> </u>		
Installer					MDC			
Is contributor a lobbyist, spouse, or dependent					\$400 to a candidate comm			
child of a lobbyist?	Yes		ne associate	d w	unicipality does contributo vith have a contract with sa :han \$5000?		١	No
ls this contribution associated with an event		ls contributor	a principal c	of st	tate contractor or prospect	ive state		
reported in Section L1?	No	contractor?					١	10
Method of Contribution	Date R	leceived		Ag		Amount o		
Credit Card		06/24	/2023			Contribut	lon	\$250.00
Credit Card		00/24	12020	٠.				Ψ200.00
Last Name			First Name					MI
Rossetti				Sa	ılly		,	
Residential Street Address			City		ury .	State	Zip	
6 Goodwin Circle			Hartfo	ard	ł		Code	06105
Principal Occupation			Hanne		Name of Employer		<u></u>	00100
retired					retire	4		
ls contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate comm			
child of a lobbyist?	No		ne associate	d w	unicipality does contributo vith have a contract with sa :han \$5000?		1	Мо
ls this contribution associated with an event			a principal c	of st	tate contractor or prospect	ive state		
reported in Section L1?	No	contractor?					1	No
Method of Contribution	Date R	leceived		Ag	gregate Contributions	Amount o		
Credit Card		06/25	/2023			Contribut	ion	\$250.00
Ologic Card				ł				V
Last Name			First Name					MI
Sales				Dia	ana			
Residential Street Address			City			State	Zip	
19 Midland Drive			Verno	on			Code	06066
Principal Occupation					Name of Employer			
Retired					Retire	ed		
ls contributor a lobbyist, spouse, or dependent					\$400 to a candidate comm			
child of a lobbyist?	No		ne associate	d v	unicipality does contributo vith have a contract with sa than \$5000?		1	No
is this contribution associated with an event			a principal o	of s	tate contractor or prospec	ive state	· · · · · · · · · · · · · · · · · · ·	
reported in Section L1?	No	contractor?					1	Vo
Method of Contribution	Date F	Received	**************************************	Ag	gregate Contributions	Amount		
Credit Card		06/30	/2023			Contribut	ion	\$50.00
L Stout out		00,00		I				7-0.00

ROSSETTI FOR Council July 10

Last Name			First Name	· ······			MI
Stewart				Jei	ffrey		
Residential Street Address			City			State	Zip
30 Belden St			Hartfo	ord		CT	Code 06120
Principal Occupation			170711		Name of Employer		00120
Retired					Retire	ad	
lis contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of:	\$400 to a candidate comm		
child of a lobbyist?	No	chief executive business he/sl municipality v	ne associate	ed w	unicipality does contributo vith have a contract with sa han \$5000?	er or aid	No
Is this contribution associated with an event			a principal o	of st	ate contractor or prospec	tive state	
reported in Section L1?	No	contractor?					No
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of	
Credit Card		05 <i>/</i> 22	/2023			Contribution	\$100.00
Great data	<u></u>	00/22	12020	<u> </u>		<u> </u>	Ψ100.00/
Last Name			First Name	!			МІ
Tarantino				Lvi	nne		s
Residential Street Address			City	<u>-,,.</u>			Zip
24 Goodwin Circle			Hartfo	ord		ст	Tode 06105
Principal Occupation			, , , , , , , ,		Name of Employer		00100
home					Fliz F	ark Conse	rvancy
Is contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate comm	ittee for a	Ivanoy
child of a lobbylst?	No		ne associate	ed w	unicipality does contributo vith have a contract with sa han \$5000?		No
Is this contribution associated with an event	······································		a principal o	of st	ate contractor or prospec	tive state	
reported in Section L1?	No	contractor?					No
Method of Contribution	Date R	eceived		Age	gregate Contributions	Amount of	
Credit Card		05/30	/2023			Contribution	\$100.00
	!						\$100100
Last Name			First Name				MI
TRAKS				JEI	NNIFER		
Residential Street Address			City			State 2	Zip
596 Mountain Roa	d		West	Ha	artford	СТ	Code 06117
Principal Occupation		······································			Name of Employer		
HR Director					CRE	2	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	e officer of a ne associate	mu ed w	\$400 to a candidate comm inicipality does contributo ith have a contract with sa	nittee for a r or	No
ls this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal c	of st	ate contractor or prospect	tive state	No
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of Contribution	
Credit Card	<u> </u>	06/30	/2023	<u>. </u>		Contribudo	\$25.00

Last Name	•		First Name					М	li l
Veilleux			,	Toi	m				J
Residential Street Address			City		-	Sta	ate :	Zip	
44 Wyndwood Rd			West	На	artford		СТ	Code	06107
Principal Occupation			<u> </u>		Name of				
Human Resources Dire	ector				Employer Valvo	line l	Instan	t Oil	
is contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate ប្រុក្ខាភ្នាក	- ਮੁੱ ਟਿ e f	or a		
child of a lobbyist?	No				unicipality does contributo with have a contract with sa			No	a
	110	municipality va						. • •	_
Is this contribution associated with an event		ls contributor	a principal c	of st	ate contractor or prospec	tive st	ate		
reported in Section L1?	No	contractor?						No	0
	140							144	,
Method of Contribution	Date R	l tecelved		Ag	gregate Contributions	Amou	ınt of		
Credit Card		06/06			_	Contr	ibution	¢	250.00
Cleur Card	<u> </u>	00/00	12020	L		<u> </u>		Ψ	230.00
Last Name			First Name					М	11
Wicks				Ka	thi				Α
Residential Street Address			City			Sta	ate	Zip	
608 Canvas Drive			Wake	F	nrest		NC	Code	27587
Principal Occupation			- Wake		Name of Employer		110		21001
Retired					Retire	ed			
Is contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate comm		for a		
child of a lobbyist?	No				unicipality does contributo with have a contract with sa			No	0
	140	municipality va				alu .		140	,
ls this contribution associated with an event		ls contributor	a principal c	of st	ate contractor or prospec	tive st	ate		
reported in Section L1?	No	contractor?						No	^
	NO							1 410	,
Method of Contribution	Date F	Received		Ag	gregate Contributions	Amou	unt of		
Credit Card		06/30			-	Contr	ibutlon		\$50.00
Ciedii Caid	<u> </u>	00/30	12023	<u> </u>		<u> </u>			\$50.00
Last Name			First Name				··· ·····	M	11
Zeman				Ma	arv				
Residential Street Address		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	1111	<u>.</u>	Sta		Zip	
43Iroquois Road			West	Ha	artford		СТ	Code	06117
Principal Occupation			71000		Name of				
Non-profit administrato	nr.				Employer Bush	nell l	Park		
Is contributor a lobbyist, spouse, or dependent	/1	If contribution	is in excess	of	\$400 to a candidate came				
child of a lobbyist?	No	chief executive	e officer of a	m	unicipality does contribute with have a contract with sa	or or	поу	No	_
	IVO	municipality va				alu		140	J
ls this contribution associated with an event	,	ls contributor	a principal o	of st	cate contractor or prospec	tive st	ate		
reported in Section L1?	NI-	contractor?	4					K.L.	0
	No							No	ט
Method of Contribution	Date F	Received		Ασ	gregate Contributions	Amo	unt of		
	- 4.00			<u> </u>	Or "Out- marris readings		ribution	A	የፈብር ብር
Credit Card		06/01	/2023	1		j		4	6100.00

Showing 1 to 30 of 30 entries

NAME OF COMMITTEE (Provide Complete ROSSETTI FOR COUNCIL	Name as Re	gistered with	Filing Repository)				OF REPORT				
KOSSETTT OK COUNCIL	5117 (50) (40) (60) 344 (50)		M. In-Kin	d Cont	ahudana	July 10			New York Control of the Control of t		
Name			1 71. 111-1 7111	a Cour	TOUTOUS						
Patricia Lashane											
Street Address	<u></u>			10	ity			State	Zip Code		
1090 Propect Avenue					Hartford			CT	06106		
Type of contributor: Committee	Date Recei	ved	Aggregate Contril	betions	Description of I	n-Kind Contributio	n		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Individual / Sole Proprietorship Oother	6/1/23		\$12.00		Clip art for	invitation					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		excess of \$400 to business he/she is \$5,000?			tract with said m			Market Value Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of indicate which b ernment the contr	ranch or t	ranches	ctive state contra	⊘ No	O Yes No			
Name											
Street Address	<u> </u>	4-2-1-2-2-2		C	iiy			State	Zip Code		
Type of contributor: OCommittee	Date Recei	ved	Aggregate Contril	outions	Description of I	n-Kind Contributio	r)				
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to business he/she in \$5,000?			itract with said n			Market Value s Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of indicate which be contract	ranch or b		_	ÖΝο				
Name					O and	O.10 G.101					
Street Address					ily			State	Zip Cade		
Type of contributor: Committee	Date Recei	ved	Aggregate Contrib	outions	Description of I	n-Kind Contributio	n	<u> </u>			
Oludividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to business he/she in \$5,000?		d with have a cor			Fair Market Value of this Contribution			
ls this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal of indicate which b imment the contra	ranch or b	ranches	tive state contra-	ŎNo				
			SUBT	OTALS	ection M Th	is Page \$1	2.00	- N. SA			
			TOTAL	of addit	ional Section M	1 Pages	The state of the s	G1044044dinismummumm			
TOTAL OF ALL IN-KIND CON	TRIBU	FIONS a	inter total on Line	23, Colum	n A of Summary I	Page Totals) \$1	2.00	600-0400 odkobilosko od november			
	N	Refun	dable Depos	it to Te	lephone Cor	npany					
Last Name of Individual				irst			МІ	Date Depos	it Made		
Residential Street Address			City			State	Zip Code		Amount of Deposit		
Name of Telephone Company	···			 ,				_			
Street Address			City			State	Zip Code				
TOTAL SI	ECTION	N (Enter	total on Line 24,	Column 2	of Summary Pa	ge Totals)		ı			

NAME OF COMMITTEE (Pro)	ide Complete Name as Registered with Filing Reposi	(ore)		TYPE OF RE	PORT	
	The Assessment of the Assessme	market and the second of the s		01.111		
L5. I	n-Kind Donations Not Consider	ed Contributions Associ	ated with a H	louse Part	y	
Name of Host	аришки компения на продоружения в при компения на при на		Is this event s committee? (upporting m	ore than or o	ne candidate or
Street Address	· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code
Description of Donation				Fair Maı	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-this	host/candidate			
Name of Host	басшит эттиндек оположен проговер Меха эттерри с опров этом, у выроди, дея не до пробрем общений до общений де	— — « « « « « « « « « « « « « « « « « «	committee? (o	ne candidate or lendum 1.5
Street Address		City	1		State	Zip Code
Description of Donation				Fair Mat	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Byents—this	host/candidate			
Name of Host	мен и под от	and the second s	committee? (upporting me OYes ON mplete Itemiza	o	e candidate or lendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host			committee? (o	e candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-this	host/candidate			
	5	SUBTOTAL Section L5 —	This Page	ermente errokermente kirjanten bester bes		
		OTAL of additional Section		P-94-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	CONSIDERED CONTR ine 22, Column A of Summary	The state of the s	timing des Sills des Sills est les sides un de la const		

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page	13	ωť	17
1466	1.7	.,,	* /

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF RI July 10	∃PORT	TOTAL STREET,	Be Marie Marie — proprieto por francos profices (CAP Accessor Millions)
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payme	nt	Method of	Payment:
Marilyn E. Rosset	ti		6/25/23		O Check	•
•		y	0/25/25		O Debit	Card OEFT
Street Address		City			State	Zip Code
6 Goodwin Circle		Hartford			CT	06105
Purpose of Expenditure	Description	L	Event#			A
(by code) RMB	Reimbursement for payment for food at Tisar	noc 6/1/22	_			Amount
	Remodisement for payment for food at fisal		<u> </u>		\$334.1	13
Expenditure # tif applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)			
	O None of the below	_				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control					
Name of Payee	O coordinated without remotification sought fur-kind cond	Organiza	ntionOA O B O		Method of	Parmont
M&T Bank			'	1	Check	•
IVIOLI DALIK			4/8/23		O Debit	
Street Address		City	\		State	Zip Code
Franklin Avenue		Hartford			CT	06106
Purpose of Expenditure	Description		Eyent#			
(by code)	·		Lvent #			Amount
BNK	Bank fees				\$8.10	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)			
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expenditure	<u> </u>				
NCD	Coordinated without reimbursement sought (in-kind contri	bution) Organiza	tion OA OB O	Company of the Compan	Programment Westernament	
Name of Payee			Date of Paymen	i	Method of I Check	
M&T Bank			5/8/23		O Debit	
Street Address		City			State	Zip Code
Franklin Avenue		Hartford			СТ	06106
D	D		I >> _ / a			
Purpose of Expenditure (by code)	Description		Event #	1		Amount
BNK	Bank fees				\$8.10	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)			
(if applicable)	None of the below	•	•			
	O Coordinated with reimbursement sought (joint expenditure		}			
	Coordinated without reimbursement sought (in-kind conti	ibution) 🔘 Organiz	ation OAOBO	c O b		
Name of Payce			Date of Paymer		Method of I	*
M&T Bank			6/8/23		Check	
Street Address		City			O Debit State	Card
Franklin Avenue		Hartford			CT	06106
		- Tal troj a	· · · · · · · · · · · · · · · · · · ·			00100
Purpose of Expenditure (by code)	Description		Event #			Amount
BNK	Bank fees				\$7.74	
Expenditure#	Type of Expenditure (Itemization in Addendum P Required un	loss "Nova of the below" is	chacked)		4111	
(if applicable)	None of the below	icas troke of the beton 13	спескей			
	Coordinated with reimbursement sought (joint expenditure) Indepen	dent .			
	O Coordinated without reimbursement sought (in-kind contri	bution) Organiza	tion OA OB O	c O p		
	s	UBTOTAL Section P -	- This Page \$358	.07	akaran attaban di akaran lahar di jara	
	TO	TAL of additional Secti	on P Pages \$159	.00		
	TOTAL OF ALL EXPE			.07		
	(Enter total on Line	19, Column A of Summary	rage 10tats)			

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TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Resisted January 2015

Name of Payee Day Campaign Street Address

ROSSETTI FOR COUNCIL

112 Bloomfield Ave.

CNSLT

Purpose of Expenditure

(by code)

Expenditure # tif applicable)

Name of Payee

Street Address

(by code)

Expenditure #

Name of Payce

Street Address

(by code)

Expenditure #

Name of Payee

Street Address

(by code)

Expenditure #

(if applicable)

Purpose of Expenditure

(if applicable)

Purpose of Expenditure

(if applicable)

Purpose of Expenditure

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

IV. EXPENDITURES

BE (Provide Complete Name as Registered with F.	PENDITURES (S	TYPE OF REPOR	rivitat	
NCIL.	THE THE PROPERTY OF THE PROPER	July 10	THE PROPERTY OF THE PROPERTY O	TO THE RESERVE OF THE PROPERTY
p.	Expenses Paid by Cor	· · · · · · · · · · · · · · · · · · ·		
		Date of Payment	Method	of Payment:
		6/30/23	O Che	
	City	0,00,20		oit Card OEFT
),			State	Zip Code
	Windsor		CT	06095
Description		Event #		Amount
Credit Card/ Banking Transaction	Fees		\$159	0.00
pe of Expenditure (Itemization in Addendum	P Required unless "None of the	e below" is checked)		
None of the below		,		
Coordinated with reimbursement sought		Independent		
Coordinated without reimbursement soug	III (m-kind contribution)	Organization OA OB OC C		of Payment;
		Date of Laymont	O Che	-
			O Deb	
	City		State	Zip Code
Description	· · · · · · · · · · · · · · · · · · ·	Event #	1	Amount
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Deprimented with reimbursement sought Deordinated without reimbursement soug	(joint expenditure) ht (in-kind contribution)	Organization A B OC Date of Payment	Method of O Che	ck # it Card OEFT Zip Code
	(joint expenditure) ht (in-kind contribution) City	Date of Payment Event #	Method of O Che	ck # it Card OEFT Zip Code
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
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Last Name of Worker/Consultant ROSSetti			Marilyn				E,	Date of Payment to Vendor, Person or Entity 6/1/23		nuor,
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant	.,						Committee \	Vorker/Consul	tont as
Tisane						Che	n Section P: ck #	_ ① De	bit Card C)EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			·		State	Zip Code	
537 Farmington Avenue			Hartford					СТ	06105	
Purpose of Expenditure (by code) FOOd	Description Payment for food and beverages	Even A			Event#			Amount \$334.13		
Expenditure #								\$334.	i 3	
(if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	endi	urc) O In-	idepen	dent 🔿	О _В (Эс о в			
Last Name of Worker/Consultant			First				МІ	Date of I Person o	ayment to Ver Entity	idor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							n Section P:	_	Worker/Consul-	tant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City			<u> </u>		State	Zip Code	<u>-</u>
Purpose of Expenditure (by code)	Description				Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-king)	endit	ure) 🔘 lin	ndeper	ndent O	O C) O D			
Last Name of Worker/Con	sultant	Fi	tst		annes en		МІ	Date of a	ayment to Vei r Entity	uder,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						reported i	n Section P:	Committee '	Vorker/Consul	ltant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		······································	O Che	ck #	_ O De	bit Card C)eft
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Purpose of Expenditure (by code)	Description				Event #				Amount	
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			SUBTOTAL Section	1 T	- This Pa	ge \$33	4.13			
		T	OTAL of additional	Secti	on T Pag	es		TOTAL CONTRACTOR AND		د د د د د د د د د د د د د د د
TOTAL OF ALI	. REIMBURSEMENT TO COMMITTEE	w(ORKERS AND CO	ONSI	ULTAN'	rs \$33	4.13			
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