#### **SEEC FORM 20**

#### **Itemized Campaign Finance Disclosure Statement**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

	Page 1 of 1	31
 Do Not Mark in This Space For Official Use Only		

COVER PAGE												
1. NAME OF COMMITTEE												
Lebron for Hartford	<u>-</u>											
2. TREASURER NAME												
First Dean	МІ	Last Jones		Suffix								
3. TREASURER ADDRESS		Johnes		Ţ.								
Street Address	10	City	State Z	ip								
423 Barbour Street		Hartford	ст	06120								
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	v If Candidate Committee)	6. DISTE	NCT NUMBER								
(mm/dd/yyyy) 09/12/2023	Mayor		(if applica	ble)								
7. CANDIDATE NAME (Complete only if Co	andidale or Exploratory Committee)											
First Nick	MI	Last Lebron		Suffix								
		255.01										
8. TYPE OF REPORT (Check One Box)		D										
☐ January 10 filing	7th day preceding primary	7th day preceding referendum	☐ Initial Contribution or D (PACs ONLY)	isbursement								
April 10 filing	☐ 30 days following primary	45 days following referendum	☐ Amendment to									
☐ July 10 filing	7th day preceding election	☐ Deficit	Type of Report									
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	And the second	ndo ====================================								
☐ 24 Hour Independent Expenditure ☐ Primary ☐ Election	☐45 days following election not held in November			<u> </u>								
C r many C Environ			CA TO									
9. PERIOD GOVERED				<u> </u>								
	Beginning Date	Ending Date										
	01/01/2023	thru 03/31/2023										
10. CERTIFICATION				450								
I hereby certify and state, under per Disclosure Statement for the per	enalties of false statement, that a lod covered is true, accurate and	all of the information set forth on the complete.	<sub>iis</sub> Itemized Campaign F	inance								
h ga d		Den A		110/2023								
TREASURER OR DEPUTY TREA	ASURER (SIGNATURE)	PRINT NAME OF SIGNE	R DĄTI	E (mm/dd/yyyy)								
A person who	is found to have knowingly and willf faces a civil penal	ully violated any provisions of the camp ty or imprisonment or both.	paign finance statues									

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Lebron for Hartford	APR10	
r ·	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	12,777.25	
13. Contributions Received from Individuals (Sections A and B)	48,460.00	57,707.83
14. Receipts from Other Committees (Sections C1 and C2)	250.00	250.00
15. Other Monetary Receipts (Sections D through K)	0.00	4,000.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Line 13 through 16c)	48,710.00	61,957.83
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	61,487.25	61,957.83
19. Expenses Paid by Committee (Section P)	25,523.23	25,993.81
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	35,964.02	35,964.02
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	1,358.37	1,358.37
24. Refundable Deposit to Telephone Company (Section N)	.00	.00.
25. Loan Balance	4,000.00	
25a. + Loans Received (Section D)	0.00	4,000.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. Payments on Loan	4,000.00	4,000.00
25d. Total Outstanding Loan Amount	0.00	14 To 10 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	
Downsed by IODallilas Form		Camanada Addalanan

## I. MONETARY RECEIPTS (Sections A - K)

Page 3 of 131

										1 age 5 01 151	
NAME OF COMMITTEE (Pro	vide Comp	ilete Nam	e as Registered with Filing Repos	itory)				TYPE OF I	REPORT		
Lebron for Hartford								APR10			
A. Total Contributio (See instructions for definition			II Contributors-Receive			riod ONLY SECTION A	\$		***************************************	0.00	
Last Name			B. Itemized Contrib	outle First	W. 1965	m Individua	ils			MI	
Dubey			•	Akile						live.	
Residential Street Address				City					State	Zip Code	
79 Back Lane				New	vington				СТ	06111	
Principal Occupation						Name of Employ	/er				
Adjuster						Liberty Mutua	al				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution										
Is this contribution associated with an event reported in Section L1?  If yes, list Event #    Yes   No   Yes   Yes   No   Yes   Yes										100.00	
Method of Contribution:    X Cash   Personal Check   C	`redit/Dehil	- Cam F	-		Date Re	eceived	Aggregate Contri	butions			
Last Name	Tours 2001.	Oald _	JEdyson Deduction Camone, ~	First						М	
Gonzalez				Ange						IVIT	
Residential Street Address			-	City					State	Zip Code	
195 Hillstown Road		٠		1 1	ncheste	r			СТ	06040	
Principal Occupation						Name of Employ	/er	<u></u>		<u> </u>	
						ELG Utica Ali	lous				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a state of government the contract is	or brai	ınches	<u> </u>	contractor?	Yes No		200.00	
Method of Contribution:	redit/Debit	Card [			Date Re 03/07/	ceived	Aggregate Contril		-		
Last Name	Tours 2			First			, L			MI	
Shell				Jahn							
Residential Street Address PO Box 131				City Hart	ford				State CT	Zip Code 06141	
Principal Occupation	•					Name of Employe	er				
Dj						Enygma Ente					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha		said municipality		Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Yo		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 Legislative							25.00	
Method of Contribution: ☐ Cash ☐ Personal Check	redit/Debit	Card	Payroll Deduction Money O	rder	Date Re 01/21/		Aggregate Contrit	1			
			SUBTO	DTAI	L Sect	ion B - This	Page			325.00	
	7		TOTAL of	addi	itional	Section B F	Pages		W.	48135.00	
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu							48,460.00	

SEEC FORM 20 Revised January 2015			I. MONETARY R	IECEI	IPT	'S (Sectio	ns A - K)	I		Page 4 of 131	
NAME OF COMMITTEE (Pro	vide Compi	ete Nam	e as Registered with Filing Repos	itory)				TYPE OF	REPORT		
Lebron for Hartford			SECTION CONTRACTOR SECTION SECTION CONTRACTOR SECTION SECTI			Addition of the state of the st	(CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARING-CO-CARIN	APR10	HI-DITION .		
A. Total Contributio (See instructions for definition			II Contributors-Receiv			iod ONLY SECTION A	\$			0.00	
Last Name			B. Itemized Contrib	outions   First	fror	n Individua	ls	THE WAS BOTTON OF A STATE OF A ST		ĪMI	
Rivera			I	Juan						RVII	
Residential Street Address 15 Chapman Street				City Hartford	d				State CT	Zip Code 06114	
Principal Occupation Sales Director											
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	bution is in excess of \$400 to a ca untributor or business he/she is ass at more than \$5,000?	ith hav		said municipal		Amour	nt of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branche s with:	es [	Executive [	Legislative	Yes  No		200.00			
Method of Contribution:  Date Received Aggregate Contributions  O3/28/2023  Aggregate Contributions  400.00											
Last Name Gill				First Aaron	Se et automobile	Geo. fresherousty von stylene etterminen in fam.				MI	
Residential Street Address 387 Capitol Avenue 3	•			City Hartford					State CT	Zip Code 06106	
Principal Occupation Engineer					- 1.	Name of Employe Self	er				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes	does cor	oution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?			e a contract with	said municipal		Amour	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	∏ Ye		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branche	tor or p	prospective state		☐ Yes ☒ No		50.00	
Method of Contribution: ☐ Cash ☐ Personal Check	redit/Debit	Card 🗌	Payroli Deduction Money O		te Rec /27/2		Aggregate Co 100	ntributions ).00			
Last Name Anderson				First Arthur					M. 48 MILL	MI	
Residential Street Address 221 Trumbull Street Apt.270	)5		/	City Hartford	d t				State CT	Zip Code 06103	
Principal Occupation Executive		,	/		- 1	Name of Employe Imagineers, Ik					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?		does cor	bution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		ith hav		said municipal		Amoun	st of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #							Yes X No		500.00		
Method of Contribution:  Cash Personal Check  CC	redit/Debit	Card	Payroll Deduction Money C		te Rec 1/20/2		Aggregate Co 500	ntributions ).00			
			SUBTO	OT/ALS	ecti	on BThis	Page			750.00	
			TOTAL of	additio	ınal	Section B I	ages			47710.00	
TOTAL O	F ALL		RIBUTIONS FROM IN (Entertaletrandine 18, Gall							48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

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**										. age	
NAME OF COMMITTEE (Pro)	ride Compl	ete Nami	e as Registered with Filing Reposi	itory)	16			TYPE OF I	REPORT	10 W W	
Lebron for Hartford								APR10			
A. Total Contributio			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00	
			and the second s					40 ka 10 februaria (1 a 10 a 11 a 10 a 1	B-10-2001-00-2-1000000		
			B. Itemized Contrib	utlo	ns fro	m Individua	ls				
Last Name				First						МІ	
Brodsky				Ann	е						
Residential Street Address				City					State	Zip Code	
215 Laurel Street				Hart	ford	<u> </u>			СТ	06105	
Principal Occupation Homemaker						Name of Employ Homemaker	ver				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is in excess of \$400 to a ca ntributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution	
Is this contribution associated with	 □Ye	 'es	Is contributor a principal of a sta	te con				Yes			
an event reported in Section L1?  If yes, list Event #	⊠ N		If yes, indicate which branch of government the contract is	or brai			Legislative	⊠ No		100.00	
Method of Contribution:			or government the contract to		Date Re		Aggregate Con	tributions	1		
☐ Cash ☐ Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money C	ırder	03/07/	2023	100.				
Last Name	-			First	<b></b>					MI	
Ortiz				Sun	shine						
Residential Street Address		•		City					State	Zip Code	
18 Essex St				Hart	.ford				СТ	06114	
Principal Occupation				•		Name of Employ	er er				
Account Manager Customer	r Service					Central Pape	r co		<b>,</b>	, , , , , , , , , , , , , , , , , , , ,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does cor		candidate for a chief executive officer of a municipality, associated with have a contract with sald municipality  Yes  No					Amour	nt of Contribution	
Is this contribution associated with		es	Is contributor a principal of a sta			r prospective state	contractor?	Yes			
an event reported in Section L1?  If yes, list Event #	<b>⊠</b> N₁	٥	If yes, indicate which branch of government the contract is		nches	☐ Executive	Legislative	<b>⊠</b> No		60.00	
Method of Contribution:			_		Date Re		Aggregate Conf		1		
Cash	redit/Debit	Card	Payroll Deduction Money O	)rder	03/18/	2023	170.	00			
Last Name				First						MI	
Valencia				Kelv	/in						
Residential Street Address				City Hart	Hord				State	Zip Code	
814 Capitol Ave				пан	1010	I			СТ	06106	
Principal Occupation Physical therapist						Name of Employ Saint Francis					
		If contril	bution is in excess of \$400 to a ca	- didet	o for a of	ļ	•	11/	Amour	nt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does cor	outributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Allioui	it of Columbution	
Is this contribution associated with an event reported in Section L1?	□ Y6		Is contributor a principal of a sta			prospective state	contractor?	☐ Yes		100.00	
If yes, list Event #	⊠N	0	If yes, indicate which branch of government the contract is			Executive	Legislative	<b>⊠</b> No		100.00	
Method of Contribution:					Date Re		Aggregate Con				
Cash Personal Check XC	redit/Debit	Card L	Payroll Deduction Money O	ırder	02/25/	2023	200.	00			
			SUBTO	ATC	L Sect	lion B - This	Page			260.00	
			TOTAL of	add	itiona	Section B I	Pages			48200.00	
TOTAL O	FALL		RIBUTIONS FROMING (Entertotal on Line 18, Coll							48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

Page	6 of	131
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NAME OF COMMITTEE (PA	ovide Comp	lete Nam	e as Registered with Fill	ing Repos	itory)				TYPE OF	REPORT		
Lebron for Hartford							and a second		APR10			
A. Total Contribution (See Instructions for definition)							riod ONLY SECTION A	\$			0.00	
			B. Itemized C	Contrib	outic	ns fro	m Individua	ils			N. C.	
Last Name	ar and a state of the state of				First		Washington Control of the Control of				MI	
Schrock					Kati	herine						
Residential Street Address		· · · · · · · · · · · · · · · · · · ·			City			······································		State	Zip Code	
15 Fernwood Street					Wet	hersfiel	d			СТ	06109	
Principal Occupation		· · · · · · · · · · · · · · · · · · ·	į.				Name of Employ	/er	AMERICAN SALA			
Education Coordinator							Catholic Cha	rities				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?										Amount of Contribution		
is this contribution associated with	Y	'es	Is contributor a principa	al of a sta	te cor	itractor or	prospective state	contractor?	Yes			
an event reported in Section L1?  If yes, list Event #	N N		If yes, indicate which of government the o				Executive	Legislative	X No		50.00	
Method of Contribution:				Date Re		Aggregate Contr	ibutions					
Cash Personal Check	Credit/Debit	Card _	Payroll Deduction	Money O	rder	02/26/	2023	50.0				
Last Name				enga saadiga si majelia	First			Элидирия учения поектоворого минесо	A STATE OF THE STA	egin in dender transportung	MI	
Jones					Dea	n						
Residential Street Address					City					State	Zip Code	
423 Barbour Street					Hart	ford				СТ	06120	
Principal Occupation							Name of Employ	er	•			
Community school director							Blue hills Civi					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	ution is in excess of \$40 tributor or business he/s t more than \$5,000?	0 to a car she is ass	candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Yes  No					Amoun	t of Contribution	
ls this contribution associated with	Y	es			rate contractor or prospective state contractor?			contractor?	Yes	100.00		
an event reported in Section L1?  If yes, list Event #	XN	o i	If yes, indicate which of government the c		or branches			Legislative	X No		100.00	
Method of Contribution:	·					Date Re		Aggregate Contr	ibutions		1	
🛮 Cash 🗌 Personal Check 🔲 C	redit/Debit	Card	Payroll Deduction	Money O	rder	01/01/	2023	350.0	0			
Last Name	nes in amoresens estad	fritzele egett leeten	A National and the state of the second second section and general second section of the second section of the second section of the second section of the second section secti	operate agreement to a second control of	First	enteres deserving	e angulative ma demonstrative adjul	and the state of t	and an Establishment of the same	tations in consequences who	MI	
Pagan ,					Melv	/in						
Residential Street Address					City					State	Zip Code	
7 Hampton Lane				]	Bloo	mfield				CT	06002	
Principal Occupation							Name of Employ	er				
Truck driver			/				Town of East	Hartford				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does cor	ution is in excess of \$40 htributor or business he/s t more than \$5,000?			d with ha		said municipality	· 4	Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1?	□Y	- 1	ls contributor a principa				prospective state	contractor?	Yes		100.00	
If yes, list Event #	ΣN	o	If yes, indicate which of government the c			ncnes	Executive [	Legislative	X No		100.00	
Method of Contribution:						Date Re	ceived	Aggregate Contri	butions			
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction	Money O	rder	02/16/2	2023	100.0	0			
				SIVE TIC	OTA	L Secti	ion 3 - This	Page			250.00	
							Section B I				48210.00	
TOTALO	FALL	CONT	RIEUTIONS ERO Gaterioulon Line:	IM IND 18, Gold	IIVIE Imn A	UALS 4 of Sun	(Sections A	X + (E) (IAS)			48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

Page 7 of 131

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filling Repos	itory)				TYPE OF I	REPORT	rage to lot	
Lebron for Hartford								APR10			
A. Total Contributio			Il Contributors-Receive			riod ONLY SECTION A	\$			0.00	
(300 Hongelong 101 upmout	II Or Suran	GUIIII DEL		SOPE	JIAL	*2)=(O) B) O) F# = E					
			B. Itemized Contrib	ution	s fro	m individua	ils				
Last Name	St. Village Co.		Salad Sa	First	BHODEN-W.				STEELE I REEL	М	
Guzman				Luis							
Residential Street Address 1876 Stillwood Way	·			City Saint (	Cloud	i			State FL	Zip Code 34771	
Principal Occupation						Name of Employ	/er		<u> </u>		
Tto						Usps					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does cor	bution is in excess of \$400 to a cal ontributor or business he/she is ass at more than \$5,000?		with ha		h said municipality		Amount of Contribution		
Is this contribution associated with	Y	/es	Is contributor a principal of a sta		actor or			Yes			
an event reported in Section L1?  If yes, list Event #	ΞN		If yes, indicate which branch of government the contract is		hes	Executive [	Legislative	X No		50.00	
Method of Contribution:				Da	Date Re	eceived	Aggregate Contr				
□ Cash □ Personal Check ☑ Credit/Debit Card □ Payroll Deduction □ Money Order 03/27/2023 50.00											
Last Name				First						MI	
Smith				Rasha	ıd						
Residential Street Address				City		<del></del> .			State	Zip Code	
43 Judson Ave				East H	lartio	rd ———		!	СТ	06118	
Principal Occupation						Name of Employ		_			
Associate Dean of Students	3					<u> </u>	demy Charter S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		with ha		h said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	Y <sub>0</sub>	es	Is contributor a principal of a sta			prospective state	contractor?	Yes		<b>50.00</b>	
If yes, list Event #	⊠N	io !	If yes, indicate which branch of government the contract is					<b>⊠</b> No		50.00	
Method of Contribution:				- 1	Date Red		Aggregate Contr				
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money O	irder 0	3/30/2	2023	50.0	0 1	<u> </u>		
Last Name				First						МІ	
Clement				Tennill	le	· · · · · · · · · · · · · · · · · · ·					
Residential Street Address				City					State	Zip Code	
27 Adams Road				Bloom	ifield				СТ	06002	
Principal Occupation Lpn				_		Name of Employe	er	_			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	bution is in excess of \$400 to a car intributor or business he/she is ass at more than \$5,000?		with ha		n said municipality	/,	Amour	nt of Contribution	
Is this contribution associated with		ь,	Is contributor a principal of a sta	te contra				Yes			
an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative No										10.00	
Method of Contribution:			0. 90.00		Date Red	<del></del>	Aggregate Contr				
Cash Personal Check XC	redit/Debit	Card 🗌	Payroll Deduction Money C		2/17/2		20.00				
			SUBT(	DTAL	Sect	ion B - This	Page			110.00	
			TOTAL of	additi	onal	Section B F	Pages			48350.00	
TOTALO	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Gold							48,460.00	

# I. MONETARY RECEIPTS (Sections A - K)

Page	8 of	131
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										rage out for	
NAME OF COMMITTEE (Pro	ovide Com	plete Nan	ne as Registered with Filing Repo	sitory)		- 10 11665 m2 5 1166 m2		TYPE OF	REPORT		
Lebron for Hartford		Elberton	300000000000000000000000000000000000000		S. American Company	The second secon	ON NAMES OF STREET O	APR10			
A. Total Contribution (See instructions for definite			all Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00	
										<u> </u>	
			B. Itemized Contril	butic	ons fro	om Individua	als				
Last Name	Michael Land			First			S. C.		MI		
Fleming					dley		, , , , , , , , , , , , , , , , , , ,		<u> </u>		
Residential Street Address 47 Old Quarry Rd.				City	lford				State CT	Zip Code	
Principal Occupation			<u> </u>	чин	IIOIG	Name of Employ			UI UI	06437	
Principal Occupation Name of Employer  Real Estate Self											
Is contributor a lobbyist, spouse,	Yes	If contri	ibution is in excess of \$400 to a ca ontributor or business he/she is as	andida	te for a c	hlef executive offic	er of a municipal	tv.	Amoul	nt of Contribution	
or dependent child of a lobbyist?	, , , ,	It or ourandano,									
Is this contribution associated with			at more than \$5,000?  Is contributor a principal of a sta	ate cor		Yes XN		Yes	1		
an event reported in Section L1?  If yes, list Event #	⊠ <sub>'</sub>		If yes, indicate which branch of government the contract is	h or bra	anches		Legislative	∐ Yes ⊠ No		400.00	
Method of Contribution:	· · · · · ·		or government the contract is	S wiiii.		eceived	Aggregate Con		ł		
Cash Personal Check	Credit/Debi	A Card	Payroll Deduction Money C	Order	03/31/		450.				
Last Name				First	and safety emferoletic					MI	
Harrison				Rich	nard						
Residential Street Address				City				State	Zip Code		
95 Hockanum Blvd Apt-581	2			Verr	non				СТ	06066	
Principal Occupation			Mirror	<del></del>		Name of Employ	/er		<u> </u>	L	
Fireman			•			Town of Vern					
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is as: at more than \$5,000?	indidate sociate	ed with ha	nief executive office ave a contract with Yes XN	n said municipality	<b>y</b> ,	Атоил	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	□Y		1	ate contractor or prospective state contractor?					I 75.00		
If yes, list Event #	XΝ	10	If yes, indicate which branch of government the contract is		nones	Executive [	Legislative	X No		/8.00	
Method of Contribution:			-		Date Re		Aggregate Cont				
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money C	أسسس	03/18/	2023	75.0	0			
Last Name				First						MI	
Martinez ,			!	Mary	y						
Residential Street Address 7 Many Shapard Place			!	City	· · · · · · · · · · · · · · · · · · ·				State	Zip Code	
7 Mary Shepard Place			/	Hart	Tora	F :			CT	06120	
Principal Occupation Retired			1			Name of Employe Retired	er				
is contributor a lobbylst, spouse, or dependent child of a lobbylst?	☐Yes XXNo	does cor	bution is in excess of \$400 to a ca intributor or business he/she is ass at more than \$5,000?		ed with he		n said municipality		Amoun	t of Contribution	
Is this contribution associated with	Y	/es	Is contributor a principal of a sta					Yes		70.00	
an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative								X No		50,00	
Method of Contribution:					Date Re		Aggregate Cont				
Cásh	redit/Debit	Card _	Payroll Deduction Money C	)rder	02/27/	2023	165.0	)0			
			SUET	OT/AI	L Seet	tion B - This	Page			525.00	
			TOTAL of	add	itional	l Section B P	Pages			47935.00	
TOTAL 0	FALL		RIBUMONS FROMUNE (Isniertoiston Vinets), coll					Control on the State of the Sta	eg ma <sub>s</sub>	48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Repo	sitory)				TYPE OF	REPORT			
Lebron for Hartford							,	APR10				
A. Total Contributio (See instructions for definition	1977 W. Carlotte		ll Contributors-Receiv		200000000000000000000000000000000000000	riod ONLY SECTION A	\$			0.00		
			B. Itemized Contri	outic	ns fro	m Individus	is					
Last Name				First						MI		
Davidson				Dav	vida .							
Residential Street Address				City					State	Zip Code		
63 Wilson Street				Har	tford				СТ	06106		
Principal Occupation						Name of Employ	/er					
Nurse						Hartford Hea	Ithcare					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	does co	oution is in excess of \$400 to a contributor or business he/she is as		ed with <u>h</u>	ave a contract with	n said municipality		Amour	Amount of Contribution		
Is this contribution associated with	<u> </u>	Yes XN										
an event reported in Section L1?	□ Y		Is contributor a principal of a st If yes, indicate which branch	r prospective state	contractor?	Yes		100.00				
If yes, list Event #	יינאו		of government the contract	s with:			Legislative	X No				
Method of Contribution:			)		Date Re		Aggregate Cont					
Cash Personal Check XC	redit/Debit	Card _	Payroll Deduction		03/28	2023	275.0	JU				
Last Name				First						MI		
Robles				Jos	<del></del>							
Residential Street Address				City		Zip Code						
20 Rossetto Dr				Mar	cheste	7			СТ	06042		
Principal Occupation		4				Name of Employ	rer					
Realtor						Lewis Real E	state					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes		oution is in excess of \$400 to a ca ntributor or business he/she is as					у,	Amoun	t of Contribution		
or dependent child of a lobbyist?	No	valued a	t more than \$5,000?	☐Yes 🗵 No								
Is this contribution associated with an event reported in Section L1?	□Υ		Is contributor a principal of a sta	state contractor or prospective state contractor?				Yes	ž.	200.00		
If yes, list Event #	XΝ	o	of government the contract i			Executive	Legislative	<b>⊠</b> No		300.00		
Method of Contribution:					Date Re		Aggregate Cont	ributions				
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money C	Order	01/30/	2023	705.0	00				
Last Name				First						MI		
Bellucci				Harı	y							
Residential Street Address				City					State	Zip Code		
18 Lostbrook Rd				Wes	st Hartfe	ord			CT	06117		
Principal Occupation				•		Name of Employ	er					
Retired						Retired						
ls contributor a lobbyist, spouse,	Yes	If contrib	ution is in excess of \$400 to a ca	ındidat	e for a ch	ief executive offic	er of a municipality	/,	Amoun	t of Contribution		
or dependent child of a lobbyist?	X No		ntributor or business he/she is as t more than \$5,000?	sociate	_	ve a contract with						
Is this contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor?												
an event reported in Section L1?  If yes, list Event #	ΣN		If yes, indicate which branch of government the contract i	or bra			Legislative	⊠ No		60.00		
Method of Contribution:	or go tommork and commun.	ceived	Aggregate Contr									
Cash Personal Check C	redit/Debit	Card 🔲	Payroll Deduction	rder	03/18/		110.0					
		- 4	OHZW	AT N	l Gard	ios D. Tuis	Decas			400.00		
			aus).	JIA	_ 586	ion B - This	rage			460.00		
			TOTAL of	add	itional	Section B I	Pages			48000.00		
TOTAL O	FALL		RIBUTIONS FROM INI (Enter total on Line 13, Col							48,460.00		

#### I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	olete Nam	e as Registered with Filing Repo	ository)				TYPE OF	REPORT	
Lebron for Hartford								APR10		And the second s
A. Total Contributio (See instructions for definition			II Contributors-Recei	V-500047005-000		eriod ONLY L SECTION A	\$			0.00
				•				m. meneran sek emilikaksuksuksuksuksuksuksuksuksuksuksuksuksuk		n believe men en e
		40000	B. Itemized Contri	butio	ons fro	om Individua	ils			
Last Name				Firs	-					MI
Rogers				Ма	rlena					
Residential Street Address				City					State	Zip Code
96 Sargeant St			E TOTAL STATE OF THE STATE OF T	Har	tford				СТ	06105
Principal Occupation						Name of Employ				
Manager		1	-			Super Spin L			·	·
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does co	oution is in excess of \$400 to a c ntributor or business he/she is a at more than \$5,000?	andida ssociat	ted with h	hief executive offic ave a contract with Yes	h said municipality	/,	Amour	nt of Contribution
Is this contribution associated with	1 to									
an event reported in Section L1?  If yes, list Event #	×Ν	lo	If yes, indicate which branc of government the contract			Executive	Legislative	X No		75.00
Method of Contribution:		••••	<u> </u>		Date Re	eceived	Aggregate Contr	ibutions		
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money	Order	03/17/	/2023	75.0	0		
Last Name	ing beams and	erre e mener e emplea gelfrig file		First	rior or a successive pro-	originalise elletik ilmanet meteromanen		e Secure din III e e e e e e e e e e e e e e e e e		МІ
Kaufmann				Jan	nes					
Residential Street Address		1		City					State	Zip Code
242 Talcottville Rd 207				Ver	non				CT	06066
Principal Occupation				•		Name of Employ	er			
Financial Advisor						Corebridge F	inancial			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a contributor or business he/she is a t more than \$5,000?		ed with ha		n said municipality	<b>'</b> 1	Amoun	t of Contribution
Is this contribution associated with	П	es	Is contributor a principal of a si	ate cor				Yes		
an event reported in Section L1?  If yes, list Event #			If yes, indicate which brance of government the contract	h or bra	anches		Legislative	X No		150.00
Method of Contribution:					Date Re	<del></del>	Aggregate Contr	ibutions		
Cash Personal Check XC	redit/Debit	Card _	Payroll Deduction Money		01/02/		150.0			
Last Name	nga diaghing a sa sama	er i kuste fina erjekeneg	en andre en magnetis (profes en gable). En gabille de la grave que an especial especiales en que en	First			t en egit valend til en en en en elle eller	eng menenganyakan kemenangan P	erone <del>jje ode ud</del> anski konju	MI
VanDeHoef ,				Chr	istophe	r				
Residential Street Address			·	City	*		,		State	Zip Code
17 Lincoln Avenue				Wes	st Hartfo	ord			CT	06117
Principal Occupation				'		Name of Employ	er			
Lobbyist						Penn Lincoln	Strategies, LL	С		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does co	outlon is in excess of \$400 to a c ntributor or business he/she is a t more than \$5,000?		ed with ha		said municipality	',	Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1?	Y 🔲	1	Is contributor a principal of a si	h or bra	ntractor or	r prospective state	contractor?	☐ Yes		100,00
If yes, list Event #	'الکا		of government the contract	is with:	,		Legislative	⊠ No		
Method of Contribution: ☐ Cash ☐ Personal Check	rèdil/Dahii	Card [	Payroll Deduction Money	Order	Date Re 03/23/		Aggregate Contr			
Coden Chest Clerk (MC	I SCHOOL	Jaiu L						-		
			SUBT	OT/A	L Sed	tion B - This	Page			325.00
						Section B			ogot martiger of the arrowed	48135.00
TOTALO	IF ALL		RIBUTIONS FROM IN (Entertotal on Une 18, Co							48,460.00

#### I. MONETARY RECEIPTS (Sections A - K)

Page 11 of 131

										rage . Or to	
NAME OF COMMITTEE (Pro	vide Compl	lete Nami	e as Registered with Filing Reposi	itory)				TYPE OF I	REPORT		
Lebron for Hartford							/	APR10			
A. Total Contributio		E TOTAL	II Contributors-Receive			riod ONLY SECTION A	\$			0.00	
			B. Itemized Contrib	utio	ns fro	m#Individus	ils				
Last Name Mancini	<del></del>			First Aida						М	
Residential Street Address				City					State	Zip Code	
37 Brent Rd				1 1	ncheste	r			СТ	06042	
Principal Occupation Arrival Team Associate						Name of Employ St.francis Ho					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amour	nt of Contribution	
Is this contribution associated with	contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor?										
an event reported in Section L1?  If yes, list Event #	ΜN	lo	If yes, indicate which branch of government the contract is			Executive	Legislative	⊠ No	25.00		
Method of Contribution: ☐ Cash ☑ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money C	)rder	Date Re 03/18/		Aggregate Contrib				
Last Name				First			<u></u>		<u> </u>	МІ	
Jones				Johr	n 						
Residential Street Address 410 Asylum Street				City Hart					State CT	Zip Code 06105	
Principal Occupation						Name of Employ				00103	
Loader						Fedex					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	bution is in excess of \$400 to a car intributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	Y		Is contributor a principal of a sta		ntractor or	<del></del>		Yes		5.00	
If yes, list Event #	XΝ	0	If yes, indicate which branch of government the contract is	s with:			Legislative	X No		5.00	
Method of Contribution: ☑Cash ☐ Personal Check ☐ C	'radit/Dahit	r Card [	Payroll Daduction   Money C		Date Re 01/01/		Aggregate Contrib	utions			
Last Name	redividebil	Card	Prayroll Deduction	First			0.00			М	
Perkins				Johr							
Residential Street Address				City					State	Zip Code	
37 Lepage Road				Wind	dsor	1			СТ	06095	
Principal Occupation Retired						Name of Employ Retired	⁄er				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	bution is in excess of \$400 to a car intributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amoun	nt of Contribution	
is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y:		Is contributor a principal of a star If yes, indicate which branch of government the contract is	or brai	ntractor or	r prospective state		Yes No		75.00	
Method of Contribution:		Card [	Payroll Deduction Money C	)rder	Date Re 03/18/		Aggregate Contrib				
		199	-		L Seci	ilon 8 - This	Page			105.00	
			TOTAL of	add	Itiona	Section B I	Pages			48355.00	
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Gold							48,460.00	

SEEC FORM 20 Revised January 2015		I. MONETARY F	RECEIP	TS (Secti	ions A - K)			Page 12 <sub>0f</sub> 131
NAME OF COMMITTEE (Pro	ovide Complete Na	me as Registered with Filing Repo	sitory)			TYPE OF	REPORT	
Lebron for Hartford		•				APR10		
A. Total Contribution (See instructions for definition)		all Contributors-Receiv		eriod ONLY L SECTION A	\$			0.00
Last Name		B. Itemized Contril	outions fro   First	ım İndividu	als		***************************************	ÎMI
Ortiz			Raymond					IN I
Residential Street Address 141 Woodland Street			City Hartford	2-10-20100-0-0-0-0-0-0-0-0-0			State CT	Zip Code 06105
Principal Occupation Retired				Name of Emplo	yer	D+40-4+0-40-0+000-04-0-		and any of the second s
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes does	ribution is in excess of \$400 to a ca contributor or business he/she is as I at more than \$5,000?	sociated with h		th said municipality		Amou	nt of Contribution
ls this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☑ No	ls contributor a principal of a sta If yes, indicate which branch of government the contract in	ate contractor of or branches		1.10	Yes No		100.00
Method of Contribution:    Cash   Personal Check   C	Credit/Debit Card	Payroll Deduction Money C	ŀ	eceived /2023	Aggregate Contri 100.0			
Last Name Sanchez			First , Franklin					MI
Residential Street Address 238 Forest Dr			City Wethersfie	ld			State CT	Zip Code 06109
Principal Occupation Retired				Name of Employ	yer			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Tes does o	ribution is in excess of \$400 to a ca contributor or business he/she is as I at more than \$5,000?			h said municipality	,	Amour	nt 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 sta If yes, indicate which branch of government the contract is	or branches		e contractor?	☐ Yes ☒ No		1,000.00
Method of Contribution:  X Cash Personal Check C	credit/Debit Card	Payroll Deduction Money C	1	eceived /2023	Aggregate Contri 1,000.0			
Last Name Seidenfeld ,	, , , , , , , , , , , , , , , , , , , ,		First Michael					М
Residential Street Address 1382 Laura Court			City Lakewood				State NJ	Zip Code 08701
Principal Occupation Chief Operating Officer		1		Name of Employ Shelbourne	yer			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes does	ribution is in excess of \$400 to a ca contributor or business he/she is as I at more than \$5,000?			h said municipality		Amour	nt 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 sta If yes, indicate which branch of government the contract is	or branches			Yes No		400.00
Method of Contribution:  Cash Personal Check	Credit/Debit Card	Payroll Deduction Money C	1	eceived /2023	Aggregate Contri 400.0			
		SUBTO	OTAL Sec	tion <b>B</b> - This	s Page			1,500.00
		ποπΔιεσί	eddillone	Section  E	Panes			46960.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Entertotation Une 18, Column A of Summary Page Totals)

48,460.00

## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Compi	lete Name	e as Registered with	Filing Reposi	tory)		9.	j	YPE OF I	REPORT		
Lebron for Hartford								A	PR10			
A. Total Contribution (See instructions for definitions)							riod ONLY SECTION A	\$			0.00	
	100		B, Itemized	Contrib	utio	ns fro	m Individua	ls				
Last Name Mckenna					First Cyn	thia					МІ	
					_	una					7. 0.	
Residential Street Address 102 Waterside Ln					City	st Hartfo	ord			State CT	Zip Code 06107	
			••••		VVG	ot i italiti					00107	
Principal Occupation Retired							Name of Employ Retired	er er				
		If contrib	oution is in excess of	\$400 to a ca	ndidat	e for a ch	ief executive offic	er of a municipality.		Amour	nt of Contribution	
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	☐ Yes ※ No	does co	ntributor or business at more than \$5,000?	he/she is ass	sociate	ed with ha	ve a contract with	n said municipality				
Is this contribution associated with		es es	ls contributor a prin	cipal of a sta	te con		<del> </del>		Yes	1		
ап event reported in Section L1?	<b>国</b> 、		If yes, indicate w	vhich branch	or bra			_	⊠ No		150.00	
If yes, list Event #			of government it	ne contract is	wiin:	Data Da		Legislative		-		
Method of Contribution:  ☐ Cash ☑ Personal Check ☐ C		~	Decree Destroites	Money O	سمام س	Date Re 03/18/		Aggregate Contrib				
	Aediv Debit	Caru L	Payroll Deduction				2020	10010	·		la n	
Last Name Gonzalez					First Pan						MI	
										T 62-4-	7:- 01-	
Residential Street Address 44 Peila Dr					City Man	cheste	r			State CT	Zip Code 06040	
Principal Occupation							Name of Employ	/er		<u> </u>		
Coordinator							Paola Gonza					
Oooramator			oution is in excess of	\$400 to a aa	a didat	a for a ab				Amour	nt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes X No	does co	ntributor or business at more than \$5,000?	he/she is as:		ed with ha		h said municipality		Ailloui	it of Contribution	
Is this contribution associated with		<u> </u>	Is contributor a prin		te cor	-	·		Yes			
an event reported in Section L1?	 ⊠N		If yes, indicate w	vhich branch	or bra				⊠ No		50.00	
If yes, list Event #	. رها		of government ti	he contract is	with:	T		Legislative		ŀ		
Method of Contribution:		–	1	П.,		Date Re 03/31/		Aggregate Contrib				
Cash Personal Check	Credit/Debit	Card L	Payroll Deduction	Money C			2023	65.00			1	
Last Name				:	First						MI	
Singletary					Nna	mdi						
Residential Street Address					City					State	Zip Code	
233 Smithfield Avenue					Sun	nmervill	e			sc	29485	
Principal Occupation							Name of Employ	/er				
Management							OG Rock Hill	I				
Is contributor a lobbyist, spouse,	Yes	If contrib	oution is in excess of	\$400 to a ca	ndidat	te for a ch	ief executive offic	er of a municipality,		Amour	nt of Contribution	
or dependent child of a lobbyist?	X No		ntributor or business at more than \$5,000?		sociate	_	ave a contract with Yes XN					
Is this contribution associated with			Is contributor a prin		to cor				Yes	i		
an event reported in Section L1?	<b>⊠</b> ^		If yes, indicate w	vhich branch	or bra	nches		_	⊠ No		100.00	
If yes, list Event #	٠ لکا ٠		of government to	he contract is	with:			Legislative				
Method of Contribution:			•	_		Date Re		Aggregate Contrit				
Cash Personal Check	Credit/Debit	Card L	Payroll Deduction	☐Money C	rder	02/10/	2023	100.00	,			
				SUBTO	ATC	L Sec	llon B - This	Page			300.00	
			Ţ	OTAL of	add	itiona	Section B	Pages			48160.00	
TOTAL	)F ALL		RIBUTIONS F (Entertotal on L								48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	ride Comp	lete Nam	e as Registered with	Filing Repos	itory)				TYPE OF	REPORT	
Lebron for Hartford									APR10	en e	
A. Total Contributio (See instructions for definition					100000000000000000000000000000000000000		riod ONLY . SECTION A	\$			0.00
	entell engling to built at ent Cannock	ATTRACTORY CONTROL OF THE PARTY									And Marketine Andrews and Marketine Control of the
			B. Itemize	d Contrib	utio	ns fro	m Individua	ils			
Last Name		CONTRACTOR OF THE PARTY OF THE			First						MI
Mestre					Joe	У					
Residential Street Address					City					State	Zip Code
18 Essex Street	***************************************		,		Harl	fford				СТ	06114
Principal Occupation							Name of Employ	/er	•		
cook		1	·				D'Anjelos			r <u>.</u>	
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of ntributor or business it more than \$5,0007	he/she is as:		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with	Y	es	ls contributor a pri				prospective state	contractor?	Yes	1	E0 00
an event reported in Section L1?  If yes, list Event #	ØΝ	lo	If yes, indicate to of government to			nches	Executive	Legislative	X No		50.00
Method of Contribution:						Date Re	ceived	Aggregate Cont	ributions	1	
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Folston					Jam	aal					
Residential Street Address					City			·		State	Zip Code
486 Cornwall Street					Hart	ford		·		СТ	06112
Principal Occupation							Name of Employ	/er			
Student Services Coordinate	or						Catholic Cha	rities		,	
is contributor a lobbylst, spouse, or dependent child of a lobbylst?	☐ Yes X No	does co	oution is in excess of ntributor or business tt more than \$5,0007	he/she is as:		ed with ha		n said municipality		Amour	t of Contribution
Is this contribution associated with	ΠY	es	Is contributor a prir	ncipal of a sta	te con	tractor or	prospective state	contractor?	Yes		
an event reported in Section L1?  If yes, list Event #	. ⊠N	lo	If yes, indicate to of government to			nches	Executive	Legislative	X No		5.00
Method of Contribution:		<u></u>	<u>.                                      </u>			Date Re	celved	Aggregate Conf	ributions	1	
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Matos ,					Reg	ino					
Residential Street Address				•	City					State	Zip Code
196 Somerset Street			/		Wes	st Hartfo	ord			CT	06110
Principal Occupation							Name of Employ	/ег			
Driver .							Viking fuel oi	İ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of ntributor or business at more than \$5,000	he/she is as	ndidat sociate	ed with ha	ief executive office a contract with Yes	h said municipality	у,	Amour	t of Contribution
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an event reported in Section L1?  If yes, list Event #	NX	lo	If yes, Indicate of government				Executive	Legislative	X No		50.00
Method of Contribution:						Date Re	eceived	Aggregate Cont	ributions		
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				SUBT	O)T/A	L Sec	lion B - This	s Page			105.00
			า	OTAL of	add	lilonal	Section B	Pages			48355.00
TOTAL	F ALL	CONT	ialiaumionsia <i>(Entertoialiam)</i>								48,460.00

#### I. MONETARY RECEIPTS (Sections A - K)

Page 15 of 131

NAME OF COMMITTEE (Prov	ride Compl	ete Name	e as Registered with I	Filing Reposi	itory)			1	YPE OF I	REPORT		
Lebron for Hartford								A	PR10			
A. Total Contribution (See instructions for definition							riod ONLY SECTION A	\$			0.00	
-					_							
			B. Itemized	Contrib	utio	ns fro	m Individua	ils				
Last Name					First			·····			МІ	
Rivera					Joac	quin		<del></del>				
Residential Street Address					City Hart	ford				State	Zip Code	
9 Wyllys Street					i icifi	JOIG				СТ	06106	
Principal Occupation							Name of Employ	/er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is ass		ed with he		h said municipality		Amour	nt of Contribution	
Is this contribution associated with	Y	es	ls contributor a prin	•			prospective state	contractor?	Yes			
an event reported in Section L1?  If yes, list Event #	ΣN	0	If yes, indicate w of government th			nches	Executive	Legislative	X No		3.00	
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Martir					Rob	erto						
Residential Street Address					City					State	Zip Code	
99 Lincoln Street					Hart	ford				СТ	06106	
Principal Occupation		Name of Employer										
ls contributor a lobbyist, spouse,	Yes		oution is in excess of						****	Amour	it of Contribution	
or dependent child of a lobbyist?	∑ No		ntributor or business at more than \$5,000?		sociate	_	we a contract with Yes XN					
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Jones					Sha	niesha						
Residential Street Address					City					State	Zip Code	
25 Harold Street					Hart	ford				СТ	06112	
Principal Occupation							Name of Employ	/er				
Talent Acquisition Partner						ı	Trinity Health	1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of ntributor or business at more than \$5,000?			ed with ha		n said municipality		Amour	at of Contribution	
Is this contribution associated with		es	Is contributor a prin	cipal of a sta	te con				Yes			
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				SUBTO	DIT/A	L Seci	ion B - This	s Page			28.00	
			Τ(	OTAL of	add	itional	Section B	Pages			48432.00	
TOTALO	FALL(		RIBUTIONS FI (Enter total on Li								48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

Page 16 of 131

NAME OF COMMITTEE (Pro		TYPE OF REPORT										
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			B. Itemized	l Contrib	utic	ns fro	m Individua	ils				
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Vega					San	nuel						
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84 Cedar Street					Har	tford			·	СТ	06106	
Principal Occupation			ŗ				Name of Employ	yer .				
COO				<u> </u>			Dressler Law	I				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does co	bution is in excess of intributor or business at more than \$5,000?	he/she is as:		ed with ha		h said municipality	'i	Amount of Contribution		
Is this contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor?												
an event reported in Section L1?  If yes, list Event # No  If yes, list Event # Executive Legislative No											100.00	
Method of Contribution:  Date Received Aggregate Contributions												
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	Money O	rder	01/30/	2023	100.0	0			
Last Name		e anteriores Auf a ve			First					man de comercia en estado de c	Mi	
Ortiz					Abn	er						
Residential Street Address					City					State	Zip Code	
235 Farmington Avenue					Hari	ford				СТ	06105	
Principal Occupation							Name of Employ DHL	/er				
ls contributor a lobbylst, spouse, or dependent child of a lobbylst?	Yes No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amour	t of Contribution	
Is this contribution associated with		es	Is contributor a prin	icipal of a sta	te cor				Yes			
an event reported in Section L1?  If yes, list Event #	ΣN		If yes, Indicate v			nches	Executive	Legislative	X No		100.00	
Method of Contribution:			<u> </u>		. ,	Date Re	eceived	Aggregate Contr	butions			
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Gracia					Pris	cilla						
Residential Street Address					City	_				State	Zip Code	
45 Glenwood st					Mar	cheste	ř			СТ	06040	
Principal Occupation Business owner			/				Name of Employ Prisci's Cocir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No.	does co	bution is in excess of atributor or business at more than \$5,0007	he/she is as:	ndidal sociate	ed with h	nief executive office	h said municipality	,	Amour	nt of Contribution	
Is this contribution associated with	Y	es	Is contributor a prir	ncipal of a sta	te cor				Yes			
an event reported in Section L1?  If yes, list Event #	Ø١		If yes, Indicate y of government t				Executive	Legislative	X No		150.00	
Method of Contribution:						Date Re	eceived	Aggregate Contr	ibutions			
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				SWETT	OT/A	L Sec	tion <b>B</b> - This	Page			350.00	
			T.	OTAL of	add	litiona	l Section B	Pages			48110.00	
TOTAL	IF ALL	(CO)NIT	RIEUTIONS F L'Entertotation L								48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Provide Comp		TYPE OF REPORT							
Lebron for Hartford							APR10		
A. Total Contributions from (See Instructions for definition of Small					riod ONLY . SECTION A	\$			0.00
		B. Itemized Conti	lbutic	ns fro	m Individue	ils			
Last Name			Firs						МІ
Arias			Gar	ndhi			•		s
Residential Street Address			City					State	Zip Code
101 Harbison Ave			Har	tford				СТ	06106
Principal Occupation			-		Name of Employ	yer		<u> </u>	
Correction officer					Ct departme	nt of correction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	oution is in excess of \$400 to a ntributor or business he/she is					/,	Amour	nt of Contribution
	L	it more than \$5,0007		•	Yes X				
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a If yes, indicate which bran			r prospective state	e contractor?	Yes		300.00
If yes, list Event #	io .	of government the contrac			Executive	Legislative	X No		
Method of Contribution:				Date Re		Aggregate Conti			
Cash Personal Check Credit/Debit	Card _	Payroll Deduction Mone	y Order	03/28/	2023	300.0	00		
Last Name			First	t					МІ
Agyei			Sar	nuel					
Residential Street Address	·		City					State	Zip Code
19 Settler Circle			Win	dsor				СТ	06095
Principal Occupation					Name of Employ	yer			
Social Worker					State of CT				
ls contributor a lobbyist, spouse,		oution is in excess of \$400 to a					/,	Amour	nt of Contribution
or dependent child of a lobbylst?		ntributor or business he/she is at more than \$5,000?	associat	_	ave a contract with				
Is this contribution associated with		Is contributor a principal of a	state co	<del></del>			Yes	1	
an event reported in Section L1?		If yes, indicate which bran	ch or br	anches		_	⊠ No		100.00
If yes, list Event #		of government the contrac	et is with.			Legislative			
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			lia	uoiu	I				00100
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?		ed with ha		h said municipality	/,	Amour	nt of Contribution
Is this contribution associated with	es	ls contributor a principal of a	state co	ntractor o	r prospective state	e contractor?	Yes		
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		SUE	ТОПА	L Sec	lion B - This	s Page			425.00
		TOTAL	of add	litiona	Section B	Pages			48035.00
TOTAL OF ALL		RIBUTIONS FROM II (Enter total on Line 13, C							48,460.00

#### I. MONETARY RECEIPTS (Sections A - K)

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	44777	4-DESCRIPTION CONTRACTOR	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of 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## I. MONETARY RECEIPTS (Sections A - K)

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Last Name				First						М
Castillo				Juar	1					
Residential Street Address 453 Summit Street				City Hart	ford				State CT	Zip Code 06106
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## I. MONETARY RECEIPTS (Sections A - K)

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#### I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Prov	ride Compl	ete Name	e as Registered with i	Filing Reposi	tory)		.00		TYPE OF	REPORT	
Lebron for Hartford									APR10		
A. Total Contribution (See instructions for definition							riod ONLY Section A	\$			0.00
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Principal Occupation							Name of Employ	/er			
Restaurant							Piggys cafe				
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#### I. MONETARY RECEIPTS (Sections A - K)

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## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with	Filing Repos	itory)		1900	T	YPE OF I	REPORT	
Lebron for Hartford								А	PR10		
A. Total Contribution (See instructions for definition)		100				nest some	riod ONLY SECTION A	\$			0.00
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#### I. MONETARY RECEIPTS (Sections A - K)

Page 25 of 131

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NAME OF COMMITTEE (Pro	vide Comp	lete Name	e as Registered with Filing Reposi	itory)				TYPE OF	REPORT		
Lebron for Hartford								APR10			
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			B. Itemized Contrib			m Individua	ils				
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Principal Occupation		_		<u> </u>		Name of Employe	/er		<u> </u>	<u> </u>	
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7 Mary Shepard Place				Hart	tford				СТ	06120	
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#### SEEC FORM 20

# I. MONETARY RECEIPTS (Sections A - K)

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Page	26 of	101

Revised January 2015											Page 26 of 131
NAME OF COMMITTEE (Pro	vide Comp	lete Name	e as Registered with Filin	g Reposi	tory)				TYPEO	F REPORT	
Lebron for Hartford									APR10		
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Principal Occupation			*				Name of Emplo	yer	•		
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			1017	AL of	add	ltional	Section B	Pages			48400.00
TOTAL	)F ALL	CONT									48,460.00

#### I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	lete Nam	as Registered with Filing	j Reposit	ory)	- 16 m		200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	TYPE OF	REPORT	rage Eroj (o)
Lebron for Hartford									APR10		
A. Total Contribution (See instructions for definition)							ed ONLY ECTION A	\$			0.00
Last Name			B. Itemized Co	ontribi	u <b>tio</b> First		Individus -	als			TMI
Hall					Jani						(V)I
Residential Street Address 250 High Path Road				1	City Wind	dsor				State CT	Zip Code 06095
Principal Occupation				. <b></b>			ame of Employ	<sub>yer</sub> Office of Tre	asurey		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 ntributor or business he/st t more than \$5,000?				a contract wit	n said municipal		Amou	nt of Contribution
						Legislative	Yes No		50.00		
Cash Personal Check	redit/Debit	Card	Payroll Deduction	Лопеу Or	der	03/28/20		Aggregate Co 50	.00		
Last Name Gordon				1	First Sub			•			Mi
Residential Street Address 31 Trumpet Brook Road		-			City Wat	erbury				State CT	Zip Code 06708
Principal Occupation  Executive director							ame of Employ	yer			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 htributor or business he/sh t more than \$5,000?				a contract wit	h said municipali		Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal If yes, indicate which of government the co	branch d	or bra with:	nches	ospective state		☐ Yes ☒ No		50.00
Method of Contribution:  Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	loney Or		Date Rece 03/31/20		Aggregate Co 50	ntributions .00		
Last Name Jones				1.	First Deal						MI
Residential Street Address 423 Barbour Street				- 1	City Hart	lford				State CT	Zip Code 06120
Principal Occupation  Community school director						1	ame of Employ ue hills Civ	er lo association	<b>1</b>		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	ution is in excess of \$400 hributor or business he/sh t more than \$5,000?				a contract with	h said municipali		Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y∩ ⊠N		Is contributor a principal If yes, indicate which of government the co	branch o	r brai	atractor or pro	ospective state	e contractor?	Yes X No		250.00
Method of Contribution: Cash Personal Check XC	redit/Debit	Card	Payroll DeductionM	foney Or	der	Date Recei 03/17/20		Aggregate Co			
			S	UBTO	TAI	L Sectio	n B - This	Page			350.00
							ection B				48110.00
TOTAL O	FALL		RIBUTIONS FROM								48,460.00

## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	olete Nam	e as Registered wit	h Filing Repo	sitory)				Т	YPE OF	REPORT		
Lebron for Hartford									Α	PR10			
A. Total Contribution (See instructions for definitions)				rs-Receiv			riod ONLY . SECTION A	\$				0.00	
			B. Itemize	d Contrib	outio	ns fro	m Individua	als	-				
Last Name					First	Control Control						MI	
Gonzalez					Soc	orro							
Residential Street Address					City						State	Zip Code	
433 Prospect Street	p-re-van-Maria				Wet	hersfie	ld				CT	06109	
Principal Occupation			, t				Name of Employ	yer					
Retired							Retired		-				
ls contributor a lebbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess on tributor or busines at more than \$5,000	s he/she is as	ındidat sociate	ed with ha	nief executive office ave a contract with Yes [X]N	h said munic	icipality, ipality		Amour	nt of Contribution	
Is this contribution associated with		es .								Yes			
an event reported in Section L1?  If yes, list Event #	NX)	lo ol	If yes, indicate of government			nches	Executive	Legislati	ve	<b>⊠</b> No		15.00	
Method of Contribution:	<del></del>					Date Re	eceived	Aggregate	- Contribu	ıtions			
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	☐Money C	order	02/06/	2023		15.00				
Last Name		jadiaja remikas			First				en en en en en en en en en en en en en e			MI	
Robles					Jose	•							
Residential Street Address					City						State	Zip Code	
20 Rossetto Dr					Man	cheste	r				СТ	06042	
Principal Occupation							Name of Employ	/er				<u> </u>	
Realtor							Lewis Real E	state					
Is contributor a lobbylst, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess o ntributor or busines: it more than \$5,000	s he/she is as:		d with he		n said munic			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	\ \ \ \ \ \		Is contributor a pri If yes, indicate of government	which branch	or bra		_ `	contractor?		Yes No		100.00	
Method of Contribution:						Date Re		Aggregate		tions		"	
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	☐Money C	rder	03/28/	2023		705.00				
Last Name		Sand Sandard Sand		e e competencia de la competencia de la competencia de la competencia de la competencia de la competencia de l La competencia de la	First	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		o commence and a commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of the commence of t	er eng selekting selekti	r province and construction	Se regionales des específicas	MI	
Donovan ,					Dave	Э							
Residential Street Address					City						State	Zip Code	
179 Beacon St					Hart	ford					CT	06105	
Principal Occupation							Name of Employ	rer			<del></del>		
Project Manager			/				Lane Constru			•			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ※No	does co	oution is in excess o ntributor or busines: It more than \$5,000	s he/she is as:		d with ha		n said munic			Amoun	nt of Contribution	
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Method of Contribution:		_				Date Re		Aggregate		tions			
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				SUETA	OT/A	Sect	lion B-This	Page				185.00	
	1 - NEW 1		1	iØT/ALdi	add	tional	Section B	Pages				48275.00	
TOTAL	)F ALL		ALEUTHONS I									48,460.00	

# I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repos	itory)		1	TYPE OF I	REPORT		
Lebron for Hartford				P	APR10			
A. Total Contributions from S (See instructions for definition of Small Col			eriod ONLY L SECTION A	\$			0.00	
	B. Itemized Contrib	outions fro	m Individua	ils				
Last Name	Control Designation and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	First	-		Will Have Drawn Comment Com		М	
Dejesus		Raymond						
Residential Street Address	···	City				State	Zip Code	
165 Sigourney Street		Hartford				СТ	06105	
Principal Occupation			Name of Employ Unemployed	·er				
or dependent child of a lobbyist?	contribution is in excess of \$400 to a ca oes contributor or business he/she is assabled at more than \$5,000?	sociated with h	ave a contract with	h said municipality		Amoun	nt of Contribution	
			Yes XN		<b>-</b>			
an event reported in Section L1?	If yes, indicate which branch	or branches		_	☐ Yes ☒ No		50.00	
n yes, usi eveni #	of government the contract is			Legislative				
Method of Contribution:  ☑ Cash ☐ Personal Check ☐ Credit/Debit Cal	ord Desiral Doduction DMoney C	Date Ro Order   03/18		Aggregate Contrib 350.00				
Last Name	Id Trayion Deduction Stationer	First	EUEU	000.00	,			
Morales		Amalyn					MI	
Residential Street Address		City				State	Zip Code	
28 Ward Place		Hartford				СТ	06106	
Principal Occupation			Name of Employ	er				
Program Coordinator			CT Children's	·				
or dependent child of a lobbyist?	contribution is in excess of \$400 to a car oes contributor or business he/she is ass alued at more than \$5,000?	sociated with h	ave a contract with	said municipality		Amoun	t of Contribution	
Is this contribution associated with Yes			Yes XIN		Yes			
an event reported in Section L1?	If yes, indicate which branch	or branches		_	∐ Yes	35.00		
ii yes, iisi zveni #	of government the contract is	· · · · · · · · · · · · · · · · · · ·		Legislative				
Method of Contribution: ☐Cash ☐ Personal Check ☒ Credit/Debit Car	and Departed Deduction Money C	Date Re order 03/18/		Aggregate Contrib	utions			
Last Name	10 Linayios Deduction Livioney C	First	2020	00.00			1	
Martinez		Candice					МI	
Residential Street Address		City				State	Zip Code	
7 Mary Shepard Place	<u></u>	Hartford				СТ	06120	
Principal Occupation			Name of Employe	er				
ls contributor a lobbyist, spouse,	contribution is in excess of \$400 to a car	ndidate for a ch	ief executive office	er of a municipality,		Amoun	t of Contribution	
or dependent child of a lobbyist?								
Is this contribution associated with Yes	is contributor a principal of a stat				Yes			
an event reported in Section L1?  If yes, list Event #	If yes, indicate which branch of government the contract is	or branches		Legislative	⊠ No		20.00	
Method of Contribution:	or government and termination	Date Re		Aggregate Contribu				
Cash	ard Payroll Deduction Money O	1		20.00	diono			
	SUBTO	OTAL Sect	lion B - This	Page			105.00	
	TOTAL of	additional	Section B F	ages ·	U.W.L.		48355.00	
TOTAL OF ALL CO	ONTRIBUTIONS FROM IND (Enter total on Line 13, Colu						48,460.00	

# I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	ovide Comp	ılete Nan	ne as Registered with	Filing Repo.	sitory)					TYPE OF	REPORT				
Lebron for Hartford		and the second			***************************************		NGC National Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control		F	APR10					
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		la esta de la composição de la composição de la composição de la composição de la composição de la composição	P (temizer	- Contril	Leite .	- e fy	om Individua								
Last Name			D. Mennzeu	160000	- PROMICE	H40,00 g 4000 - 144	)m/inaiviaus	lis	W/28/20/20/20	March Particles and	MINION AND DESCRIPTION OF THE PERSON OF THE	The second residence is			
Edwards					First Jay							MI			
Residential Street Address				····	City						I				
488 Broadview Terr					Hartford						State CT	Zip Code 06106			
Principal Occupation	···		<u> </u>		Name of Employer										
Transit Driver		Post Road Stages													
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No									Amount of Contribution					
Is this contribution associated with	Y	1	Is contributor a princ		oto cor										
an event reported in Section L1?	V⊠ VIX		If yes, indicate w	vhich branch	or bra	anches	<u> </u>			Yes No		50.00			
// yes, /ist Event # Method of Contribution:	<del></del>		of government th	10 СОЛІГАСІ І	s wun.	Т		Legislativ							
	Date Received Aggregate Contributions     Check														
Last Name					First			<u> </u>	mental and			Mi			
Ribeiro								Juliana							
Residential Street Address		City				···		State	Zip Code						
97 Oakwood Ave		1 1	st Hartfo	ord					06119						
Principal Occupation Name of Employer															
Social worker							Nhrcpc	Çı							
ls contributor a lobbyist, spouse,	Yes	If contrib	oution is in excess of s	\$400 to a ca	indidat	e for a ch	lef executive office	er of a munic	cipality,		Amoun	t of Contribution			
or dependent child of a lobbyist?	XNo	valued a	at more than \$5,000?	IN SIE IN UN	500rus	_	Yes XN		panty						
Is this contribution associated with an event reported in Section L1?	□ Ye ⊠ Ne		If yes, indicate w	hich branch						Yes X No		25.00			
If yes, list Event #			of government th	ie contract is		T		Legislativ							
Method of Contribution: ☐ Cash ☐ Personal Check	redit/Debit	Card [	Payroll Deduction	Money C		Date Re 01/03/		Aggregate	Contribu 25.00	tions					
Last Name	iono Door.	Daid	Prayron Dodasion ,		First		Annocembrate service and professional mon-				rantone por sono error	* * *			
Last Name Henderson					Alish							MI			
Residential Street Address					City						State	Zip Code			
986 East St. S			/		Suffi	ield						06078			
Principal Occupation					<del> </del>		Name of Employe	er			<del></del>				
Business Owner			1				Henderson E		LLC						
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?		does cor	outlon is in excess of \$ ntributor or business hat more than \$5,000?	\$400 to a car he/she is ass	ndidate sociate	ed with ha	ilef executive office ave a contract with Yes X No	sald municij	ipality. pality		Amouni	t of Contribution			
Is this contribution associated with	Y	es	Is contributor a princ			tractor or	<del></del>			Yes					
an event reported in Section L1?  If yes, list Event #	XN		If yes, indicate wi of government th			nches	Executive [	Legislativ	/e	X No		50.00			
Method of Contribution:						Date Re		Aggregate		itions					
Cash Personal Check 🛛 C	redit/Debit	Card _	Payroll Deduction	Money O	ırder	02/15/	2023		50.00						
				SUBTO	DT/AI	LSect	lon B - This	Page	*** *** **** *************************			125.00			
			ТС	DTAL of	addi	itional	Section B F	Pages	,			48335.00			
TOTAL O	FALL		rieunions er (Engagielomun						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			48,460.00			

# I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Compl	ete Namu	as Registered with Fill	ing Reposi	(ory)				TYPE OF I	REPORT				
Lebron for Hartford									APR10					
A. Total Contributio	S						riod ONLY SECTION A	\$			0.00			
			B. Itemized C	Contrib	utio	ns fro	m Individua	is						
Last Name					First MI									
Childs					Darlene									
Residential Street Address 32 Sunset Street					City Windsor						Zip Code 06095			
Principal Occupation							Name of Employ	СТ	00000					
Intervention Specialist							HCTC	, 01						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	child of a lobbyist?								Amount of Contribution					
Is this contribution associated with		<u> </u>	Is contributor a principal of a state contractor or prospective state contractor?											
an event reported in Section L1?  If yes, list Event #	orted in Section L1?    Y No										30.00			
Method of Contribution:	nyes, na Even 1													
Cash	redit/Debit	Card	Payroll Deduction	Money O	rder	03/18/	2023	30.0	0 .					
Last Name					First						MI			
Robles	Robles							Alyssa						
Residential Street Address		City					State	Zip Code						
15 Cedarland Ct Unit 15					Cror	nwell				СТ	06416			
Principal Occupation Name of Employer														
Tattoo artist							Xclusiveink							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	outlon is in excess of \$40 ntributor or business heat t more than \$5,000?			ed with ha		n said municipality	<b>/</b> ,	Amount of Contribution				
Is this contribution associated with		es	ls contributor a princip				prospective state	contractor?	Yes		050.00			
an event reported in Section L1?  If yes, list Event #	XN	0	If yes, indicate which of government the			nches	Executive	Legislative	X No	250.00				
Method of Contribution:				_		Date Re		Aggregate Cont						
Cash Personal Check	redit/Debit	Card	Payroll Deduction	]Мопеу О	rder	03/28/	2023	250.0	00					
Last Name					First						MI			
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Residential Street Address 40 Harbour Close					City New	/ Haver	1			State CT	Zip Code 06519			
Principal Occupation				!			Name of Employ	/er		_ ,				
President							VASE Manag							
ls contributor a lobbyist, spouse,	Yes	If contrib	ution is in excess of \$40	00 to a car	ndidat	e for a ch			/.	Amour	t of Contribution			
or dependent child of a lobbyist?	1570 to		ntributor or business he/ t more than \$5,000?	/she is ass	ociate		ive a contract with							
Is this contribution associated with		es	ls contributor a princip	al of a sta	te con				Yes					
an event reported in Section L1?  If yes, list Event #	X		If yes, indicate which of government the c			nches	Executive	Legislative	<b>⊠</b> No		250.00			
Method of Contribution:						Date Re	ceived	Aggregate Cont	ibutions					
Cash Personal Check 🛛 C	redit/Debit	Card 🔲	Payroll Deduction	Money O	rder	03/08/	2023	250.0	00					
				SUBTO	)TA	L Seci	ion B - This	Page			530.00			
			TOT	TAL of	add	itional	Section B	Pages			47930.00			
TOTAL O	FALL		RIBUTIONS FRO								48,460.00			

# I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	lete Nan	e as Registered with	n Filing Repo	sitory)				TYPE OF	REPORT		
Lebron for Hartford	501585 <del>05</del> 179755410 <del>5</del> 5441								APR10			
A. Total Contribution (See instructions for definition)				s-Receiv	2000		riod ONLY SECTION A	\$	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		0.00	
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Residential Street Address 208 Cornwali					City Stre				State CT	Zip Code 06112		
Principal Occupation			i i				Name of Emplo	ver	ta and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of	1 ''	100116	
Police Officer							City Of Hartf	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No								Amount of Contribution			
Is this contribution associated with an event reported in Section L1?	 		If yes, indicate which branch or branches							25.00		
If yes, list Event # Method of Contribution:		Ci government the contract is with.										
	Date Received Aggregate Contributions   Payroll Deduction Money Order   02/10/2023   25.00											
Last Name		desamentario de la composición de la composición de la composición de la composición de la composición de la c			First						MI	
Ward		DeVaughn										
Residential Street Address	***************************************	City					State	Zip Code				
255 Main Street		Hari	ford				СТ	06106				
Principal Occupation Attorney	•		Name of Employ Ward Law LL									
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does co	oution is in excess of ntributor or business it more than \$5,0007	he/she is as:	andidate for a chief executive officer of a municipality, sociated with have a contract with said municipality    Yes   X  No					Amour	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y.		Is contributor a prin If yes, indicate to of government in	which branch	ate contractor or prospective state contractor?				Yes	250.00		
Method of Contribution:	rodii(Dabit	Cord [	<u> </u>			Date Re 01/06/2	ceived	Aggregate Contraction 250.0				
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Valencia .,					Kelv						IVII	
Residential Street Address 814 Capitol Ave					City Hart	ford				State CT	Zip Code 06106	
Principal Occupation Physical therapist			1				Name of Employ Saint Francis					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of ntributor or business at more than \$5,0007	he/she is ass		d with ha		n said municipality	<i>/</i> ,	Amoun	t of Contribution	
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			T	OT/ALLof	बद्धि	itional	Section B	Pages	yz	<u> Angeroud komige Ann Grafon</u>	48085.00	
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## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Compl	ete Namı	as Registered with	Filing Repos	itory)				TYPE OF	REPORT		
Lebron for Hartford								************************	APR10			
A. Total Contributio (See instructions for definition							riod ONLY SECTION A	\$			0.00	
1111												
			B. Itemized	l Contrib	utio	ns fro	m Individua	ils				
Last Name					First						Мі	
Morton					Eugene							
Residential Street Address					City					State	Zip Code	
18 Amanda Circle					Wine	dsor				СТ	06095	
Principal Occupation							Name of Employ	/er				
Mental Health Worker							Dmhas					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor		ition is in excess of \$400 to a candidate for a chief executive officer of a municipality, iributor or business he/she is associated with have a contract with said municipality more than \$5,000?					Amount of Contribution			
Is this contribution associated with		es	Is contributor a prin	ncipal of a sta	te con	itractor or			Yes			
an event reported in Section L17  If ves, list Event #	ΣN		If yes, indicate v of government to			nches	☐ Executive	Legislative	X No		50.00	
Method of Contribution:			o. government			Date Re		Aggregate Con	ributions			
☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction	☐Money O	rder	03/18/	2023	50.0				
Last Name					First	1					МІ	
Ortiz	Ray	mond										
Residential Street Address		City					State	Zip Code				
62 Vineland Terrace		Hart	ford				СТ	06112				
Principal Occupation Name of Employer												
There is a supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the supplied to the sup												
la contributor a labbuist appusa	Yes	If contrib	oution is in excess of	\$400 to a ca	ndidat	e for a ch	lef executive offic	er of a municipali		Amour	nt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor		he/she is as:	sociated with have a contract with said municipality  Yes  X No							
Is this contribution associated with		L	Is contributor a prin		to con				Yes			
an event reported in Section L1?	IJN.		If yes, indicate v	vhich branch	or bra	ranches				10.00		
If yes, list Event #			of government t	he contract is	with:	[B.1. B.		Legislative	⊠ No	_		
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Last Name	46(BADEDIE	Calu	rayion beduciion	□ Mortey C	First			70.0			MI	
Nixon					Qarı						IVII	
					<u> </u>	ur i				I		
Residential Street Address 114 Ashley Street #2E					City Hart	ford				State CT	Zip Code 06105	
					Tan	iloiu				<u> </u>	06108	
Principal Occupation							Name of Employ		^			
DJ		I		**				rtainment, LL		T _		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	does cor	oution is in excess of ntributor or business	he/she is as:						Amour	nt of Contribution	
or doportdorit offine of a 1000) lot.	No	valued a	t more than \$5,000?				Yes X N	lo				
Is this contribution associated with an event reported in Section L1?	Y•		Is contributor a prin	-			prospective state	contractor?	Yes		30.00	
If yes, list Event #	×Ν	0	If yes, Indicate which branch or branches of government the contract is with:								00.00	
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				SUBTO	OT/A	L Sect	ion B - This	Page			90.00	
			T	OTAL of	add	itional	Section B	Pages			48370.00	
TOTAL O	F ALL		RIBUTIONS F (Enter total on L)								48,460.00	

# I. MONETARY RECEIPTS (Sections A - K)

Page 34 of 131

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Repo	sitary)				TYPE OF	REPORT		
Lebron for Hartford				×			automorphis (	APR10			
A. Total Contributio (See instructions for definition			II Contributors-Receiv		200 St. 74 To Co. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100 St. 100	riod ONLY SECTION A	\$			. 0.00	
			B. Itemized Contri	butic	ons fro	m Individua	ils				
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Morton			77.	Eug	jenė						
Residential Street Address 18 Amanda Circle				City Win	dsor				State CT	Zip Code 06095	
Principal Occupation	(1/1-1 <sub>2</sub> /h)			-	***************************************	Name of Employ	/er				
Mental Health Worker Dmhas											
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No								Amour	nt of Contribution	
Is this contribution associated with	Y	es es	Is contributor a principal of a st	ate cor		<del></del>		Yes			
an event reported in Section L1?  If yes, list Event #	$\overline{\mathbb{Z}}$		If yes, indicate which branci of government the contract i			Executive	Legislative	X No		50.00	
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Ortiz	Ray	mond									
Residential Street Address			•	City					State	Zip Code	
62 Vineland Terrace				Hari	tford				CT	06112	
Principal Occupation Name of Employer											
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a contributor or business he/she is as		ed with ha		/,	Amour	t of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Y		Is contributor a principal of a sta If yes, indicate which branch of government the contract i	ate contractor or prospective state contractor?					10.00		
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Nixon				Qar	un						
Residential Street Address		•		City					State	Zip Code	
114 Ashley Street #2E			/	Harl	fford				CT	06105	
Principal Occupation			/	•		Name of Employ	er				
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ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		said municipality	/.	Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Y 		Is contributor a principal of a sta If yes, indicate which branch of government the contract	or bra	ınches	prospective state		Yes No		30.00	
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			TOTALO	કહી (હે	litional	Section B	Pages			48370.00	
TOTALO	FALL		RIBUTTONS IFROMINI (Entertolation Une 18, Go							48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Provide	Compl	ete Name	a as Registered with Filing Repos	itory)	7.76			TYPE OF	REPORT		
Lebron for Hartford				_				APR10			
A. Total Contributions (See instructions for delinition of						riod ONLY SECTION A	\$			0.00	
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			B. Itemized Contrib	utio	ns fro	m Individua	ls				
Last Name			··········	First MI Michael							
Perez			····	<b> </b>	ıaeı				T		
Residential Street Address 124 Brockett Street				City New	rington				State CT	Zip Code 06111	
Principal Occupation						Name of Employ	 er				
Municipal Employee City of Hartford											
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	ontribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, is contributor or business he/she is associated with have a contract with said municipality used at more than \$5,000?							nt of Contribution	
Is this contribution associated with	☐ Y	es	Is contributor a principal of a sta		tractor or	·	****	Yes			
an event reported in Section L1?  If yes, list Event #	Section L1?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative X No									250.00	
Method of Contribution:	ntribution: Date Received Aggregate Contributions										
Cash Personal Check Credit	/Debit	Card 📙	Payroll Deduction Money C	┷	01/23/	2023	250	.00			
Last Name Fair	First   Izara									MI	
							<u></u>		T 0. 1.	7. 0.	
Residential Street Address 450 Barbour Street			City Hart	ford				State CT	Zip Code 06120		
Principal Occupation Name of Employer											
Tallio Si Silipioyo.											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	i es	does cor	ution is in excess of \$400 to a ca ntributor or business he/she is as						Amour	nt of Contribution	
Is this contribution associated with	i		t more than \$5,000?			Yes XN					
an event reported in Section L1?	☐ Ye		Is contributor a principal of a sta If yes, indicate which branch	or brai				☐ Yes ※ No		5.00	
If yes, list Event # Method of Contribution:	25	<u> </u>	of government the contract is		Date Re	<del></del>	Legislative				
Cash Personal Check Credit	/Debit	Card 🔲	Payroli Deduction Money C		01/06/		Aggregate Cor 5.0				
Last Name				First						МІ	
Principe				Conf	esar						
Residential Street Address				City		,			State	Zip Code	
235 Farmington Avenue				Hartf	ford				CT	06105	
Principal Occupation						Name of Employe	er .				
Retired						Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	res	does con	ution is in excess of \$400 to a ca htributor or business he/she is ass t more than \$5,000?		d with ha		said municipalit		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	Ye		Is contributor a principal of a sta			prospective state	contractor?	Yes		20.00	
If yes, list Event #	XN	0	If yes, indicate which branch of government the contract is		iches	Executive [	Legislative	X No		30.00	
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			SUBTO	TAL	_ Sect	ion B - This	Page	***		285.00	
						Section B P				48175.00	
TOTAL OF A	LL (		RIBUTIONS FROM IND Enter total on Line 13, Coll							48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

Page	36 of	131
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NAME OF COMMITTEE (Pro	ovide Comp	olete Nam	e as Registered with Filing Repo	sitory)	Hade may make	PARTIES CONTRACTOR STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE		TYPE OF	REPORT			
Lebron for Hartford					<u></u>			APR10				
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			B. Itemized Contril			m Individua	ils					
Last Name Perez				First Michael						MI		
Residential Street Address		***		City				· · · · · · · · · · · · · · · · · · ·	State	Zip Code		
124 Brockett Street				1 1	vington				CT	06111		
Principal Occupation		Mithelia de la desarte accoministra	f*			Name of Employ	/er		<u> </u>			
Municipal Employee						City of Hartfo	ord					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	ution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ntributor or business he/she is associated with have a contract with said municipality t more than \$5,000?						Amount of Contribution			
Is this contribution associated with	ΟY	es es		Is contributor a principal of a state contractor or prospective state contractor?								
an event reported in Section L1?  If yes, list Event #	<u> </u>	ło	If yes, indicate which branch of government the contract i			Executive	Legislative	X No		250.00		
Method of Contribution:	·y ·				Date Re	celved	Aggregate Cor	itributions				
Cash Personal Check 🛛 C	Credit/Debit	Card	Payroll Deduction Money C	Order	01/23/	2023	250	.00				
Last Name				First						МІ		
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450 Barbour Street		Hari	ford				CT	06120				
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			TOTAL of	add	itional	Section B I	Pages	·		48175.00		
TOTAL	)FALL		RIBUTIONS FROM IN (Entertolation Une 18), Gali							48,460.00		

## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	olete Nam	e as Registered with Filing Repos	itory)				TYPE OF	REPORT	
Lebron for Hartford								APR10		****
A. Total Contributio	2002		Contributors-Receiv		100	riod ONLY SECTION A	\$			0.00
			B. Itemized Contrib						_	
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Jones				De'A	sian					
Residential Street Address		•		City			<del></del>		State	Zip Code
423 Barbour Street				Hartf	ford				СТ	06120
Principal Occupation		****		1		Name of Employ	er			<u> </u>
Cashier						Old Navy				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		d with ha		said municipa		Amou	nt of Contribution
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Caceres				Ls						:
Residential Street Address				City					State	Zip Code
47 Ledger St				Hartf	ford				CT	06106
Principal Occupation						Name of Employ	er			
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Residential Street Address				City					State	Zip Code
63 Huntington Street				Hartf	ord				СТ	06105
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Campaign Coordinator						Lebron for Ha	artford			
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			SUBTO	OT/AL	Sect	ion B - This	Page			120.00
			TOTAL of	addi	tional	Section B I	Pages			48340.00
TOTALO	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Coll					-		48,460.00

## I. MONETARY RECEIPTS (Sections A - K)

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Page	38 of	131

NAME OF COMMITTEE (Pro	vide Comp	olete Nam	e as Registered with Filing Repo	sitory)	Table dilates			TYPE	OF F	REPORT	
Lebron for Hartford						-		APR	10		
A. Total Contribution (See instructions for definition			II Contributors-Receiv		SETTON CONTROL CONTROL	riod ONLY SECTION A	\$				0.00
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Last Name Jones			,	Firsi	t Asian						MI
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Residential Street Address 423 Barbour Street				City Har	tford				1	State CT	Zip Code 06120
Principal Occupation			,	ļ		Name of Employ	rer			,,	
Cashier						Old Navy	-				
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Residential Street Address				City						State	Zip Code
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Inspector						Okay industri	es				
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Morris,				She	nice						
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Campaign Coordinator						Lebron for Ha	artford				
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						Section B I		***	· · · . , , , , -	** *** **** <sub>2</sub> ** * <u>2** *</u> ** * <u>*</u>	48340.00
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## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Provide	de Compl	ete Nami	e as Registered with Filling Repos	ilory)				TYPE OF I	REPORT		
Lebron for Hartford								APR10			
A. Total Contribution (See instructions for definition			II Contributors-Receive		SHOW VALUE IN PARTY	riod ONLY Section A	\$			0.00	
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30 Pinecrest Drive				East	t Hartfo	1			СТ	06118	
Principal Occupation Medical records						Name of Employ Chr	/er				
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	□ res	does cor	ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality	,	-		
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Román			1	Jose						JAEE	
Residential Street Address				City					State	Zip Code	
595 New Britain Avenue				Hart	ford				СТ	06106	
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20 Grimes Road				Roc	ky Hill				СТ	06067	
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			TOTAL of	add	itional	Section B f	Pages			47340.00	
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## I. MONETARY RECEIPTS (Sections A - K)

Page	40 of	131
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NAME OF COMMITTEE (Provide Complete Name	me as Registered with Filing Repos	iltory)	e e ella e a per a reculeix e e	District dies 22 August 2000 b	TYPE OF	REPORT	
Lebron for Hartford			167-2///2/00/2/2/109		APR10		
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Garba		Nidia					
Residential Street Address		City				State	Zip Code
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Residential Street Address		City Hartford				State	Zip Code
23 Harrison Place A	СТ	06112					
Principal Occupation			Name of Employ				
Office Clerk			State of Con	necticut		· · · · · · · · · · · · · · · · · · ·	
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Toll ,		Dacia					
Residential Street Address	,	City			-	State	Zip Code
127 Everit St	_	New Have	1		ļ	1	06511
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## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Compl	lete Nami	as Registered with	Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford									APR10		
A. Total Contributio		500 CO (100 CO)					riod ONLY . SECTION A	\$			0.00
			B. Itemize	d Contrib	utio	ns fro	m Individua	ils			
Last Name	668300000000000000000000000000000000000		2-146-146-146-146-146-146-146-146-146-146		First	<u> </u>					MI
Carbone				1	Vinc	cent					
Residential Street Address		City								State	Zip Code
25 Garden Street			· · · · · · · · · · · · · · · · · · ·		Wet	thersfiel	ld		СТ	06109	
Principal Occupation							Name of Employ				
Restraunt Owner							Carbones's F	lospitality			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?											t of Contribution
Is this contribution associated with	Y	Yes Is contributor a principal of a state contractor or prospective state contractor?									_
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Last Name			***************************************	1	First	<u>1                                    </u>					MI
Huynh				1	Johr	n					
Residential Street Address City										State	Zip Code
29 Levesque Avenue				1	Wes	st Hartfo	ord			CT	06110
Principal Occupation	- unive		-		Name of Employ	er	HID1881.1	<u> </u>			
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Last Name					First	<u> </u>					MI
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Residential Street Address					City					State	Zip Code
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#### I. MONETARY RECEIPTS (Sections A - K)

Page 42 of 131

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# I. MONETARY RECEIPTS (Sections A - K)

Page 44 of 131

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#### I. MONETARY RECEIPTS (Sections A - K)

Page 44 of 131

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## I. MONETARY RECEIPTS (Sections A - K)

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Residential Street Address 191 Oxford Street				City Harti	ford				State CT	Zip Code 06105	
Principal Occupation					T	Name of Employ			O1	00103	
Teacher						Simsbury Put					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is ass it more than \$5,000?	ndidate sociate	d with ha	ief executive officive a contract with	said municipality	<b>'</b> ,	Amoun	t of Contribution	
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	rediv Debit	Caru		74, 74,		lon B - This				125.00	
			TOTAL of	addi	tional	Section B I	Pages			48335.00	
TOTAL C	F ALL		RIBUTIONS FROM IND							48,460.00	

## I. MONETARY RECEIPTS (Sections A - K)

Page 46 of 131

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Fili	ing Repos	itory)			e (sepagnitos militarios se	TYPE OF	REPORT	
Lebron for Hartford		ROOMANDO ROOMANO NA							APR10		75 - 75
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ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	ntributor or business he/ it more than \$5,000?			ed with ha		n said municipality		71111041	
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Nurse							Hartford Heal	lthcare			
s contributor a lobbyist, spouse,	Yes	If contrib	ution is in excess of \$40	00 to a car	ndidat	e for a ch	lef executive offic	er of a municipalit	у,	Amoun	t of Contribution
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			(Enter total on Line								48,460.00

#### I. MONETARY RECEIPTS (Sections A - K)

Page 47 of 131

NOVIDDE EELIGEN, DOVO									rage 4701 101
NAME OF COMMITTEE (Pros	ride Compi	lete Nami	s as Registered with Filing Repos	itory)			TYPE OF F	REPORT	
Lebron for Hartford							APR10		
			ll Contributors-Receiv			\$			0.00
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			B. Itemized Contrib	utions fro	əm individus	ils			
Last Name				First					MI
Colon				Lydia					
Residential Street Address 615 Broadview Ter				City Hartford				State CT	Zip Code 06106
Principal Occupation Legislative Aide					Name of Employ City of Hartfo				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is ass at more than \$5,000?	sociated with h		h said municipality		Amour	nt of Contribution
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McCrae				Nayshawn					
Residential Street Address 454 Barbour Street				City Hartford				State CT	Zip Code 06120
Principal Occupation					Name of Employ	/er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is ass at more than \$5,000?	sociated with h		h said municipality	1	Amour	nt of Contribution
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Jackson-Hall				LaTawnya					
Residential Street Address 3013 Pendragon trail				City Henrico				State VA	Zip Code 23231
Principal Occupation Accountant					Name of Employ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is ass at more than \$5,000?	sociated with h	Liter executive office	cer of a municipality h said municipality	,	Amour	nt of Contribution
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		<u> </u>			tion B - This				105.00
			TOTAL of	additions	il Section B	Pages			48355.00
TOTAL O	FALL		RIBUTIONS FROM INC (Enter total on Line 13, Coll						48,460.00

#### I. MONETARY RECEIPTS (Sections A - K)

Page 48 of 131

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			B. Itemize	d Contrib	outions fr	om Individua	ils		and the second	
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McCrae					Laura				Γ	
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		ioes cor	ulion is in excess o htributor or business t more than \$5,000°	he/she is as:	sociated with	chief executive office nave a contract with	h said municipal	dity, ity	Amour	it of Contribution
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#### I. MONETARY RECEIPTS (Sections A - K)

Page 49 of 131

NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Filing Repos	itory)		T	YPE OF I	REPORT	rage levi levi	
Lebron for Hartford				А	PR10			
A. Total Contributions from (See instructions for definition of Small C			riod ONLY SECTION A	\$			0.00	
			The State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the S					
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Last Name Allen		First Von					MI	
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23 Harrison Place A		Hartford				СТ	06112	
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Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a ca		l nief executive offic	er of a municipality,		Amour	nt of Contribution	
or dependent child of a lobbyist?	does contributor or business he/she is ass valued at more than \$5,000?	_	ave a contract with	•				
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Principal Occupation			Name of Employ	er				
Loader			Trader Joes					
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a car does contributor or business he/she is ass valued at more than \$5,000?	sociated with ha	nief executive office ave a contract with Yes XN	n said municipality		Amount of Contribution		
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203 Fairfield Avenue		Hartford					06114	
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Firefighter			City of Hartfor	rd				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a car does contributor or business he/she is ass valued at more than \$5,000?	sociated with ha		said municipality		Amoun	t of Contribution	
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	TOTAL of	additional	Section B F	Pages			48255.00	
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## I. MONETARY RECEIPTS (Sections A - K)

Page 50 of 131

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#### I. MONETARY RECEIPTS (Sections A - K)

Page 51 of 131

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Repos	itory)				TYPE OF	REPORT	
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# I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	ovide Comp	olete Nam	ie as Registered with i	Filing Repos	illony)				TYPEOF	REPORT	
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Residential Street Address					City					State	Zip Code
19 Applewood Road					Cror	mwell				СТ	06416
Principal Occupation							Name of Employ	/ег	E		
Assistant Principal						- 1	Hartford scho				
s contributor a lobbyist, spouse,	Yes		bution is in excess of \$							Amoun	t of Contribution
s contributor a tobbytst, spouse, or dependent child of a lobbyist?	∐ Yes No	does cor	entributor or business h at more than \$5,000?			ed with ha	ve a contract with	h said municipalit			
Is this contribution associated with		<del></del> ,	Is contributor a princ	of a sta	to cor		Yes XN prospective state		Yes		
an event reported in Section L1?	N 🔀		If yes, indicate wh	hich branch	or bra	anches	<u> </u>		∐ Yes ∑ No		100.00
If yes, list Event #			of government the	9 CONTRACT IS	With:		<del>-</del>	Legislative			
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TOTALO	IF ALL		RIBUTIONS H: (Entertotation Lin								48,460.00

## I. MONETARY RECEIPTS (Sections A - K)

Page 53 of 131

NAME OF COMMITTEE (Pro)	vide Compl	ete Name	as Registered with Fi	ling Reposi	tory)		40		TYPE OF I	REPORT	
Lebron for Hartford									APR10		
A. Total Contributio							riod ONLY SECTION A	\$			0.00
			B. Itemized	Contrib	utio	ns fro	m Individus	ls			
Last Name					First						MI
Feliciano					Rica	ırdo					
Residential Street Address					City					State	Zip Code
96 Brown St					Hart	tord	3000000			CT	06114
Principal Occupation							Name of Employ				
Manager							International	Hartford		т "	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$- ntributor or business h at more than \$5,000?			ed with ha		n said municipality	•	Amour	nt of Contribution
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Bryant					Phil						
Residential Street Address					City					State	Zip Code
47 Hillside Street					Man	cheste	r			СТ	06042
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lt							Above 140				
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Last Name					First			·		l	МІ
Austin					Ash	on					
Residential Street Address					City					State	Zip Code
421 Allen St						/ Britain				СТ	06053
Principal Occupation							Name of Employ	/er		<u> </u>	
Direct support professional							Ashon Austin				
		If contril	oution is in excess of \$	400 to a ca	ndidat	e for a ch	ief executive offic	er of a municipality	<u> </u>	Amou	nt of Contribution
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ls this contribution associated with			Is contributor a princ	inal of a sta	te con				Yes		
an event reported in Section L1?	□ · ☑ ·		If yes, indicate wh	nich branch	or bra		_	Legislative	⊠ No		100.00
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# I. MONETARY RECEIPTS (Sections A - K)

Page 54 of 131

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NAME OF COMMITTEE (Pro	vide Сатј	plete Nam	ie as Registered with	Filing Repos	sitory)				TYPE OF	REPORT	
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Residential Street Address					City		800000 <b>V</b>	K		State	Zip Code
25 Canal Bank Road					1 1	ndsor Lo	ocks		:	СТ	06096
Principal Occupation		1			<u> </u>		Name of Employ	yer	-MIII-	<u> </u>	
Real Estate Agent							Berkshire Ha	•		- <u>-</u>	
ls contributor a lobbyist, spouse, or dępendent child of a lobbyist?	Yes X No	does cor	bution is in excess of ontributor or business at more than \$5,000?	he/she is ass	indidat sociate	ed with ha	nief executive office ave a contract with Yes	th said municipality		Amour	nt of Contribution
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Last Name		Di Kar			First					- Allendara	MI
Diaz					Bear	trice					
Residential Street Address					City		-			State	Zip Code
53 Cross Hill Rd					Wetr	thersfield	d		!	СТ	06109
Principal Occupation						}	Name of Employ	/er			
Sw		T					State of CT				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	bution is in excess of s ntributor or business in at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amoun	nt of Contribution
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Nunez ,					Paul	<u> </u>			<del></del>	T	
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***************************************					NOV.					O1	06515
Principal Occupation Lobbyist			/			1	Name of Employ DePino Nune	yer ez and Biggs LL0	C		
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## I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Provide Compl	ete Name	e as Registered with Filing Repos	itory)			T	YPE OF F	REPORT	
Lebron for Hartford						А	PR10		
A. Total Contributions from					riod ONLY Section A	\$			0.00
						999900000			
		B. Itemized Contrib	utio	ns fro	m Individua	ils			
Last Name		,	First						MI
Malitsky  Residential Street Address			Willi	am				State	Zip Code
98 Coleman Road			City Glas	stonbur	у			CT	26 Code 06033
Principal Occupation			<u> </u>		Name of Employ	rer			
Lobbyist					Focus Gov a	ffairs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	bution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution
Is this contribution associated with	es	Is contributor a principal of a sta		tractor o	<u> </u>		Yes		
an event reported in Section L1?  If yes, list Event #	o	If yes, indicate which branch of government the contract is		nches	Executive	Legislative	⊠ No		250.00
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Last Name Mortir			First						MI
			Crys	Siai -					7. 6.1
Residential Street Address 221 Sisson Avenue			City Harl	ford				State CT	Zip Code 06105
Principal Occupation					Name of Employ	707		01	00100
Owner					Crystal Kitch				
Is contributor a lobbyist, spouse,		bution is in excess of \$400 to a ca			ief executive offic	er of a municipality,		Amour	nt of Contribution
or dependent child of a lobbyist?		ntributor or business he/she is as at more than \$5,000?	sociate	_	ve a contract with				
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Reddich		***************************************	Dav	10					
Residential Street Address 153 Blue Hills Avenue			City Harl	ford				State CT	Zip Code 06112
Principal Occupation					Name of Employ	rer		<u> </u>	00112
т пора Особранот					ramo or Employ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	bution is in excess of \$400 to a ca intributor or business he/she is as at more than \$5,000?		ed with ha	ve a contract with	n said municipality		Amour	nt of Contribution
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		TOTAL of	edd	itiona	Section B	Pages			47205.00
TOTAL OF ALL		RIBUTIONS FROM INL (Enter total on Line 13, Col							48,460.00

## I. MONETARY RECEIPTS (Sections A - K)

Page	56 of	131
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NAME OF COMMITTEE (Pro	ovide Comp	olete Nam	e as Registered with	n Filing Repos	sitory)				Įτ	YPEOF	REPORT		
Lebron for Hartford									А	PR10			
A. Total Contribution (See Instructions for definitions)				's-Receiv			riod ONLY SECTION A	\$				0.00	
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			B. Itemize	d Contrib	outic	ons fro	m Individua	als					
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·					<u> </u>								
Residential Street Address 91 Songbird Lane					City	minaton					State	Zip Code	
					Ган	nington					CT	06034	
Principal Occupation							Name of Employ						
Psychotherapist							Uconn Health	<u> </u>					
s contributor a lobbylst, spouse, or dependent child of a lobbylst?	☐ Yes ※ No	does co	oution is in excess of ntributor or business it more than \$5,0007	he/she is as:		ed with he		ı said munic			Amount of Contribution		
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Martir ,						ynda							
Residential Street Address					City	·		•			State	Zip Code	
99 Lincoln Street					Hart	ford					CT	06106	
Principal Occupation			/				Name of Employ	rer					
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## I. MONETARY RECEIPTS (Sections A - K)

Page 57 of 131

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#### SEEC FORM 20

#### I MONETARY RECEIPTS (Sections A. K)

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## I. MONETARY RECEIPTS (Sections A - K)

Page 59 of 131

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## I. MONETARY RECEIPTS (Sections A - K)

Page 60 of 131

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## I. MONETARY RECEIPTS (Sections A - K)

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## I. MONETARY RECEIPTS (Sections A - K)

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#### I. MONETARY RECEIPTS (Sections A - K)

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#### I. MONETARY RECEIPTS (Sections A - K)

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Principal Occupation						Name of Employ	/er		•	
Paralegal						Smith Legal	Solutions, PLL	C		
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## I. MONETARY RECEIPTS (Sections A - K)

Page 65 of 131

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Principal Occupation				-		Name of Employ	/er		<u></u>	
Entrepreneur						Elysium globa	al holdings			
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## I. MONETARY RECEIPTS (Sections A - K)

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#### I. MONETARY RECEIPTS (Sections A - K)

Page 67 of 131

NAME OF COMMITTEE (Prov	ide Compl	ete Nam	e as Registered with I	Filing Reposi	tory)				TYPE OF F	REPORT	
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A Stewart					Jeffr	еу			<u></u> -		
Residential Street Address					City					State	Zip Code
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Principal Occupation Retired							Name of Employ Retired	/er			
		I., contri	bution is in excess of	#400 to a pa	didat	to for a ci		er of a municipality		Amou	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does co	button is in excess of a ontributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality	'	Allious	Il di Columbuton
Is this contribution associated with	Y		Is contributor a princ				r prospective state	e contractor?	Yes		E0 00
an event reported in Section L1?  If yes, list Event #	XN	O	If yes, indicate w of government th				Executive	Legislative	X No		50.00
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Last Name					First						MI
Mortir					Rob	erto ——		<u>.</u>	<b></b>	1	
Residential Street Address					City	tt-uni			1	State	Zip Code
99 Lincoln Street					Hart	tora		<del>-</del>		СТ	06106
Principal Occupation Owner							Name of Employ Wolfie's Inflat				
		I. contri	bution is in excess of	*400 to a co	-didat	o for a of	<del> </del>			Amour	nt of Contribution
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Residential Street Address 136 Burnham Street					City Hart	Hord			,	State CT	Zip Code 06112
					Iran		I Marra of Employ			<u> </u>	00112
Principal Occupation Sr. HR Generalist							Name of Employ Hartford Pub				
		It contri	bution is in excess of	\$400 to a ca	ndidat	e for a c	<u> </u>		<i>I</i> .	Amou	nt of Contribution
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TOTAL O	FALL		RIBUTIONS FL (Enter total on Li)								48,460.00

#### I. MONETARY RECEIPTS (Sections A - K)

Page	68 of	131
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NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with	r Filing Repos	itary)		Mary July 2 days allows No. 2 and 2		TYPE OF	REPORT		
Lebron for Hartford			r						APR10			
A. Total Contributio (See instructions for definition							riod ONLY SECTION A				0.00	
			B Remize	d Contrill	witic	ine fro	m Individua	lle .				
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Rios				Feli								
Residential Street Address	<del> </del>		<del></del>		City					State	Zip Code	
130 Tredeau Street		Har	tford				СТ	06114				
Principal Occupation					,		Name of Employ	/er				
Driver							Allon Special	ty				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of ntributor or business at more than \$5,000	he/she is as		ed with ha		n said municipa		Amount of Contribution		
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7 Mary Shepard Place		Hartford CT						06120				
Principal Occupation			··· <u>u</u>	·	<u></u>		Name of Employ	er				
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ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co		he/she is as:	andidate for a chief executive officer of a municipality, sociated with have a contract with said municipality  Yes XNo					Amount of Contribution		
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39 Hobin Hoad 303			· ·		7765	st i jarut					00119	
Principal Occupation Environmental Analyst		/					Name of Employ CT Deep	er				
Is contributor a tobbyist, spouse, or dependent child of a lobbyist?	byist, spouse, of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?								nt of Contribution			
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#### I. MONETARY RECEIPTS (Sections A - K)

Page 69 of 131

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filling Repos	itory)				TYPE OF	REPORT		
Lebron for Hartford							1	NPR10			
A. Total Contribution (See instructions for definition)			ll Contributors-Receiv			riod ONLY . SECTION A	\$			0.00	
			B. Itemized Contrib	outic	ons fro	m Individua	ils				
Last Name				First						MI	
John	· <u></u>			Sharisse							
Residential Street Address				City					State	Zip Code	
136 Burnham Street				Har	tford				СТ	06112	
Principal Occupation						Name of Employ	/er				
Sr. HR Generalist						Hartford Pub	lic Schools				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?									Amour	nt of Contribution	
Is this contribution associated with	Y	- C	Is contributor a principal of a st	ate cor		<del></del>		Yes			
an event reported in Section L1?	ı N		If yes, indicate which branch	or bra	anches		_	☐ Yes ☑ No		50.00	
If yes, list Event #			of government the contract i	s with:		<del>_</del>	Legislative				
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154 Middlefield Street				1 1	tford			CT	210 Code 06112		
Principal Occupation				<u> </u>		Name of Employ	/er				
Auditor						WEB	·ci				
ls contributor a lobbyist, spouse,	Yes	If contri	pution is in excess of \$400 to a ca	ındidal	te for a ch	ief executive offic	er of a municipality,		Amour	t of Contribution	
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Gersten				Eliot							
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			TOTAL of	add	itional	Section B I	Pages			47405.00	
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## I. MONETARY RECEIPTS (Sections A - K)

Page	70 of	131
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NAME OF COMMITTEE (Pro	vide Comp	olete Nam	ie as Registered with Filing Re	oository,	)			TYPE OF	REPORT			
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ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	bution is in excess of \$400 to a ntributor or business he/she is at more than \$5,0007	candida associa	ted with h	hief executive offic ave a contract wit Yes X	h said municipality	у,	Amount of Contribution			
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#### SEEC FORM 20

# I. MONETARY RECEIPTS (Sections A - K)

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#### C FORM 20 ed January 2015

# I. MONETARY RECEIPTS (Sections A - K)

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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?									Amount of Contribution		
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113 Boulanger Ave			West	t Hartfo	ord			СТ	06110		
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# I. MONETARY RECEIPTS (Sections A - K)

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## I. MONETARY RECEIPTS (Sections A - K)

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Galan			TAX COMMITTEE I STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST	Shakira	a							
Residential Street Address 104 Irving Street				City Manch	estei	·			State CT	Zip Code 06042		
Principal Occupation Director of Client Services				-		Name of Employe PharMerica	er					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		vith <u>ha</u>		said municipality		Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: Executive Legislative								Yes No		25.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroli Deduction Money C		ate Re 2/25/:		Aggregate Contrib 50.00	utions				
Last Name				First						MI		
Mendez				Kevin					01-1-	A 7'- 0-1-		
Residential Street Address 41 Zion Street				City Hartfor	ď				State CT	Zip Code 06106		
Principal Occupation Manager				Name of Employer Southend Grocery								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co		a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality  Yes  X No						Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branch	ies		contractor?	Yes No	500.00			
Method of Contribution:  Cash Personal Check C	redit/Debit	Card	Payroll Deduction  Money C			ceived 2023	Aggregate Contrib 500.00					
Last Name				First Wanda						MI		
Gonzalez-Robles  Residential Street Address				City	· · · ·				State	Zip Code		
20 Rossetto Drive				Manch	este				CT	06042		
Principal Occupation Administrative				•		Name of Employe UConn Health						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as: at more than \$5,000?		vith ha		said municipality		Amoun	t of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branch			Legislative	Yes No		100.00		
Method of Contribution: ☐ Cash ☐ Personal Check	redit/Debit	Card 🗌	Payroll Deduction Money C			ceived 2023	Aggregate Contrib					
			-	L	Sect	ion B - This	Page			625.00		
			TOTAL of	additio	onal	Section B R	<sup>2</sup> ages			47835.00		
TOTAL O	F ALL		RIBUTIONS FROM IND (Enter total on Line 13, Col							48,460.00		

# I. MONETARY RECEIPTS (Sections A - K)

Page 78 of 131

NAME OF COMMITTEE (Pro	ovide Comp	lete Nam	e as Registered with F	iling Repos	iitory)				TYPE OF	REPORT		
Lebron for Hartford					ESKS SVETSTANIE				APR10			
A. Total Contribution (See instructions for definition)				-Receiv			eriod ONLY L SECTION A	\$			0.00	
										100000		
			B. Itemized	Contrib	outic	ns fro	om Individua	als				
Last Name					First	t					MI	
Robles					Jos	e						
Residential Street Address					City					State	Zip Code	
20 Rossetto Dr				Name of some the distance	Mar	ncheste	er	1		СТ	06042	
Principal Occupation Realtor							Name of Employ Lewis Real E					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ∑No	does co	oution is in excess of \$ ntributor or business h at more than \$5,000?			ed with h	ave a contract with	h said municipality		Amou	nt of Contribution	
Is this contribution associated with	Y	<u>.                                    </u>	Is contributor a princi	ipal of a sta	te con		Yes XA		Yes			
an event reported in Section L1?  If yes, list Event #	ΣN		If yes, indicate wh	ich branch	or bra	nches	_	Legislative	∑ No		100.00	
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Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 03/15/2023 705.0										<u>'</u>		
Last Name				ia pulau ribora el perel	First	<u> </u>				XIII II KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KANTOO KAN	MI	
Fray					Daw	/n						
Residential Street Address					City					State	Zîp Code	
425 Sherman Avenue Apt-7B Peekskill										NY	10566	
Principal Occupation Name of Employer												
Residential Manager Richmond Community Services												
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	ution is in excess of \$4 htributor or business he t more than \$5,000?	400 to a car e/she is ass	ndidat sociate	ed with ha	nief executive offices ave a contract with Yes XN	ı said municipality	<i>t</i> ,	Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	Y\ ⊠ N		Is contributor a princi If yes, indicate who	ich branch	or bra	tractor or	r prospective state		Yes X No		25.00	
If yes, list Event # Wethod of Contribution:			or government me	GD/III aGt 18	wiii.	Date Re		Aggregate Conti				
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Morales Segarra					Este	ia						
Residential Street Address					City					State	Zip Code	
74 Haddam Street			/		Hart	ford				CT	06106	
Principal Occupation			/	•			Name of Employ	er	•			
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does cor	ution is in excess of \$4 stributor or business he t more than \$5,000?	100 to a car e/she is ass	ndidate ociate	ed with ha	nief executive offic ave a contract with Yes XN	said municipality	1.	Amoun	t of Contribution	
ls this contribution associated with an event reported in Section L1? If yes, list Event #	∏Yı ⊠N	Yes Is contributor a principal of a state contractor or prospective state contractor?										
Method of Contribution:	·					Date Re	<u> </u>	Aggregate Contr	ibutions			
X Cash ☐ Personal Check ☐ C	redit/Debit	Card 🔲	Payroll Deduction	Money O	rder	03/28/	2023	20.0	0			
				SUBTO	DT/AI	L Sect	ion B - This	Page	er a regel i raves qu'el gravia e de	a of the end of	145.00	
	15 8,00 18		ТО	TAL of	addl	itional	Section Bil	Pages			: 48315.00	
TOTAL O	FALL(		XIBUTIONS/HR <i>(Brieffolglion/Un</i>						en en en en en en en en en en en en en e		48,460.00	

#### I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Compl	lete Name	e as Registered with Filing Repos	itory)				Ī	YPE OF I	REPORT	Page 7901 101		
Lebron for Hartford								Α	PR10				
A. Total Contributio	ns fron	n Sma	II Contributors-Receiv	ed t	his Pe	riod ONLY			·····		0.00		
(See Instructions for definition						SECTION A	\$		······································		0.00		
		7707 TANKS											
			B. Itemized Contrib			m Individua	ls						
Last Name Williams				First Pate							Mi		
Residential Street Address				City						State	Zip Code		
154 Collins Street Apartme	nt C2			1 -	tford					СТ	06105		
Principal Occupation						Name of Employ	er						
Community School Director				_		Catholic Cha	rities Arc	chdioces	e of Har	tford			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	bution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h		n said mun			Amour	t of Contribution		
Is this contribution associated with	165												
an event reported in Section L1?  If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:       ☐ Executive       ☐ Legislative       ☒ No										50.00		
Method of Contribution:					Date Re		Aggrega	te Contribu					
Cash Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money C	_	03/18	/2023		100.00					
Last Name Kerr				First Sco							MI		
Residential Street Address			11000	City						State	Zio Code		
12 Lynnbrook Road	Trumbull									CT	Zip Code 06611		
Principal Occupation		Name of Employ	er										
Sales						SchoolMint, I	nc.						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co			date for a chief executive officer of a municipality, lated with have a contract with said municipality  Yes  No						Amount of Contribution		
Is this contribution associated with	Y	es	Is contributor a principal of a sta		ntractor o			r?	Yes				
an event reported in Section L1?  If yes, list Event #	×Ν	0	If yes, indicate which branch of government the contract is			Executive [	Legisla	tive	⊠ No		50.00		
Method of Contribution:					Date Re		Aggrega	te Contribu	itions				
Cash Personal Check XC	redit/Debit	Card _	Payroll Deduction Money C		01/06/	/2023		200.00					
Last Name Franklin				First Diar							MI		
Residential Street Address				<u> </u>	ia					Ct-t-	71- O-d-		
47 Sawka Drive				City Eas	t Hartfo	ord				State CT	Zip Code 06118		
Principal Occupation				ļ <u> </u>		Name of Employ	er						
C.S. Manager			•			Cttransit							
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha		said muni			Amoun	t of Contribution		
Is this contribution associated with	□Y	es	Is contributor a principal of a sta	te cor				?	Yes				
an event reported in Section L1?  If yes, list Event #	XN	0	If yes, indicate which branch of government the contract is			Executive (	Legisla	tive	X No		250.00		
Method of Contribution:					Date Re		Aggrega	te Contribu	rtions				
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	order	03/18/	2023		250.00					
			SUBT	OTA	L Seci	llon B - This	Page			****	350.00		
	e e e e e e e e e e e e e e e e e e e		TOTAL of	add	itiona	Section B l	<sup>2</sup> ages				48110.00		
TOTALO	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Coll								48,460.00		

Page 80 of 131

										3	
NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Repo	sitory)				TYPE OF	REPORT		
Lebron for Hartford								APR10			
A. Total Contributio			III Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00	
Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of 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Last Name Jones				First Tara						MI	
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Principal Occupation						Name or Employ	rer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ∑No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with h		n sald municipality		Amoui	nt of Contribution	
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a sta		tractor o			☐ Yes		20.00	
If yes, list Event #	of government the contract is with:								ļ	20.00	
Method of Contribution:  Date Received Aggregate Contribution  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 01/01/2023 20.00											
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Flores				Cas	sandra			_			
Residential Street Address 2849 Ellington Road	City South Windsor									Zip Code 06074	
Principal Occupation	South Windsor  Name of Employer								CT	00074	
Manager						The Hartford	eı				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is as: at more than \$5,000?		ed with h		said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?	□Y <sub>1</sub>		Is contributor a principal of a sta					Yes		1,000.00	
If yes, list Event #	NO.	5	of government the contract is	s with:			Legislative	⊠ No		1,000.00	
Method of Contribution:  ☑ Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money C		Date Re 03/28/		Aggregate Cont 1,000				
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Soto ,				Meiv	/in				,		
Residential Street Address 100 Market Square				City New	/ington				State CT	Zip Code 06111	
Principal Occupation	······································			Щ.		Name of Employ	er		,		
Owner						8ight6ixzer0 l					
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	Yes No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with h		said municipality		Amour	nt of Contribution	
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## I. MONETARY RECEIPTS (Sections A - K)

Page 81 of 131

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filling Repos	itory)			TYPE OF I	REPORT			
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## I. MONETARY RECEIPTS (Sections A - K)

Page	82 nf	131

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## I. MONETARY RECEIPTS (Sections A - K)

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# I. MONETARY RECEIPTS (Sections A - K)

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#### I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Provide Con	nplete Nam	e as Registered with Filing Repo	sitory)				TYPE OF I	REPORT	
Lebron for Hartford							APR10		
A. Total Contributions fro					riod ONLY SECTION A	\$		- 1111	0.00
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		B. Itemized Contri	butic	ns fro	m Individus	ls			
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Residential Street Address 179 Beacon Street			City Har	lford				CT	Zip Code 06105
Principal Occupation					Name of Employ	/er		L	<u> </u>
Project Manager					Lane Constru				
Is contributor a lobbyist, spouse, Ye or dependent child of a lobbyist?	does co	bution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?		ed with ha		h said municipality	/,	Amour	nt of Contribution
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237 Oxford Street	-			СТ	06105				
Principal Occupation					Name of Employ				
Teacher			** -		Hartford publ			г.	
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in excess of \$400 to a ontributor or business he/she is a at more than \$5,000?		ed with ha		h said municipality	<b>,</b> ,	Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a s			prospective state	e contractor?	Yes		250.00
If yes, list Event #	<b>∂</b> No	If yes, indicate which brand of government the contract			Executive	Legislative	⊠ No		250.00
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Montemerio			Nar	icy			·		
Residential Street Address			City					State	Zip Code
191 Oxford Street			Har	tford				СТ	06105
Principal Occupation					Name of Employ				
Teacher					Simsbury Pu		·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does c	ibution is in excess of \$400 to a ophributor or business he/she is a at more than \$5,000?		ed with ha		h said municipality	<b>y</b> ,	Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a s			prospective state	e contractor?	Yes		25.00
If yes, list Event #	<b>∂</b> No	If yes, indicate which brand of government the contract			■ Executive	Legislative	X No		25.00
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TOTAL OF AL	L CONT	RIBUTIONS FROM IN (Enter total on Line 13, Co							48,460.00

# I. MONETARY RECEIPTS (Sections A - K)

Page 86 of 131

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296 Somerset Street				We	st Hartfo	ord	······································		СТ	06110
Principal Occupation			*			Name of Employ	/er			
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59 Hamilton Street	Hartford								СТ	06106
Principal Occupation	Name of Employ	rer								
Sales						Jimenez inc.				
s contributor a lobbyist, spouse,	Yes		bution is in excess of \$400 to a contributor or business he/she is a						Amoun	nt of Contribution
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Rosa				Rob	oert					
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1882 Main St				Eas	et Hartfo	rd			CT	06108
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Page 87 of 131

NAME OF COMMITTEE (Prov	ide Compl	ete Name	as Registered with Filing Repo	illory)				TYPE OF R	REPORT		
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Page 88 of 131

NAME OF COMMITTEE (Pro	vide Comp	olete Nam	ıe as Registered with Filing Repo	sitory)				TYPE OF	REPORT	
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Residential Street Address	***			City				<u>, , , , , , , , , , , , , , , , , , , </u>	State	Zip Code
45 Country Club Rd				Bolt	on				СТ	06043
Principal Occupation						Name of Employe	/er	- Additional of the second		
Lobbyist					!	Roy & Leroy	Government F	telations L	.LC	
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is this contribution associated with		L Ves	Is contributor a principal of a sta	tate cor				Yes	1	
an event reported in Section L1?  If yes, list Event #	⊠ N		If yes, indicate which branch of government the contract is	h or bra	anches	<u>.</u> .	Legislative	∑ No		100.00
Method of Contribution:			Ur government and	5	Date Re		Aggregate Conti		1	
Cash Personal Check XC	redit/Debit	t Card	Payroll Deduction Money (	Order	01/25/	<b>-</b>	100.0			
Last Name	<u> Martini</u> e na company			First	<u> </u>					MI
McKenzie	_			Kirse						
Residential Street Address				City					State	Zip Code
423 Barbour Street	_			Hart	tford			·	СТ	06120
Principal Occupation						Name of Employe	rer		<del></del>	
					ļ	<u> </u>				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ※No	does cor	ibution is in excess of \$400 to a ca contributor or business he/she is as at more than \$5,000?		ted with ha		n said municipality		Amoun	nt of Contribution
Is this contribution associated with		/es	Is contributor a principal of a sta			<del></del>		Yes		7.30
an event reported in Section L1?  If yes, list Event #	N	- 1	If yes, indicate which branch of government the contract is			Executive [	Legislative	[X] No		5.00
Method of Contribution:					Date Re		Aggregate Conti	ributions	1	
☑ Cash ☐ Personal Check ☐ C	redit/Debit	t Card	]Payroll Deduction	Order	01/01/	2023	5.00			
Last Name				First	l					МІ
Castillo				Roci	io					1
Residential Street Address				City					State	Zip Code
451 Summit Street			/	1 '	tford			!	СТ	06106
Principal Occupation				1		Name of Employe	/er		<u> </u>	<u> </u>
Nanny					!	1				
ls contributor a lobbyist, spouse,	Yes		ibution is in excess of \$400 to a ca						Amour	nt of Contribution
or dependent child of a lobbyist?	∐ Yes No.	does cor	ontributor or business he/she is as at more than \$5,000?		led with ha		n said municipality			
Is this contribution associated with			Is contributor a principal of a sta	ate cor				Yes	1	
an event reported in Section L1?	ı∟ı ⊠⊠		If yes, indicate which branch of government the contract is	h or bra	anches		Legislative	∑ No		25.00
If yes, list Event # Method of Contribution:			01 government the солиаст	S Witter.	Date Re		Aggregate Contr		1	
Method of Contribution:    X   Cash   Personal Check   C	Credit/Debi	t Card	Payroll Deduction Money (	Order	02/26/		25.0			
				Selection Appear	L Sec	tion B - This	Page	en e e M <sup>erro</sup> e fan een ee ee ee ee ee e	Section 1999	130.00
						l Section B l		<u> Cara, Jan S. raj</u> najara menerajahan Meraj	garian — ipia dan iyandara	48330.00
2502/V (0	SE ALL	CONT	TRIBUTIONS FROM IN					Description of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t		nest constitution and an international and and a
TUTAL	FALL		RIBULIONS FROM INL (Enter total on Line 13, Gol							48,460.00

## I. MONETARY RECEIPTS (Sections A - K)

Page 89 of 131

NAME OF COMMITTEE (Provide	de Compli	ete Nami	e as Registered with Filing Repos	itory)				TYPE OF I	REPORT	rage soul let
Lebron for Hartford								APR10		
A. Total Contribution		1000	II Contributors-Receiv			riod ONLY SECTION A	\$			0.00
			B. Itemized Contrib	utio	ns fro	m Individua	ls			
Last Name Brown				First Eddi						MI
Residential Street Address				City	······································				State	Zip Code
129 Coolidge Street Principal Occupation				Hart	tora	Name of Employ	rer	3. <b></b>	СТ	06106
Educator						Hartford Publ				
	☐Yes ☑No	does co	bution is in excess of \$400 to a ca intributor or business he/she is as at more than \$5,000?		ed with ha		said municipality	•	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	□ Ye		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	ı or bra		_ `	contractor?	Yes No		75.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☒ Cr	edit/Debit	Card [	Payroll Deduction Money (	Order	Date Re 03/13/		Aggregate Contril			
Last Name				First					j	MI
Hererra					efina				I _	
Residential Street Address 35 Brinley Avenue				City Hart	lford				State CT	Zip Code 06106
Principal Occupation Caregiver				4		Name of Employ				
	☐ Yes ☑ No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution
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Last Name				First			<u> </u>		•	МІ
Jones Residential Street Address				Dea:	<u>n</u>				State	Zip Code
423 Barbour Street				Hart	ford				CT	06120
Principal Occupation Assistant Manager						Name of Employ Lids	rer			
	☐ Yes ☑ No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with h		n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	□Ye		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	nches		contractor?	Yes		5.00
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			SUBT	OTA	L Sec	llon B - This	Page			280.00
			TOTAL of	add	itlona	Section B	Pages			48180.00
TOTAL O	F ALL		RIBUTIONS FROM INI (Enter lotal on Line 13, Col							48,460.00

Page 9	30 of 1	3
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			B. Itemized Contrib	outic	ons fro	əm İndividuş	als			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
Last Name	Harris Control			First						MI
Troy				Dan	ıiel				<del></del>	
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331 Parker Street	***************************************	-	A second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	War	ncheste	1			СТ	06042
Principal Occupation Director, Business Developr	ment					Name of Employ Executive Sp	yer ports and Enter	tainment		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	ibution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		ted with h		th said municipality		Amour	nt of Contribution
Is this contribution associated with		/es	Is contributor a principal of a sta		ntractor o			Yes		.
an event reported in Section L1?  If yes, list Event #	. ⊠w		If yes, indicate which branch of government the contract is	or bra	anches		Legislative	⊠ No		200.00
Method of Contribution:					Date Re	eceived	Aggregate Contri		-	
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an event reported in Section L1?  If yes, list Event #	XN	,o !	If yes, indicate which branch of government the contract is			Executive [	Legislative	⊠ No		25.00
Method of Contribution:					Date Re		Aggregate Contri			
X Cash Personal Check C	redit/Debit	Card 📙	Payroll Deduction Money O		02/26/	2023	25.00	)·		T
Last Name Cruz			,	First Joel						MI
Residential Street Address				City					State	Zip Code
106 Stage Coach Road			· · · · · · · · · · · · · · · · · · ·	1 1	ndsor			!	СТ	06095
Principal Occupation			/	<u> </u>		Name of Employe	/er			
Social services			/			Catholic Char	rities			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is in excess of \$400 to a cal ontributor or business he/she is ass at more than \$5,000?		ted with ha		h said municipality		Amoun	nt of Contribution
ls this contribution associated with an event reported in Section L1?	□Y•		Is contributor a principal of a sta	or bra	anches			Yes		50.00
If yes, list Event #	٠٠٠٠	<u> </u>	of government the contract is		·		Legislative	☑ No	1	
Method of Contribution:  Cash Personal Check XC	Credit/Debit	Card	Payroll Deduction Money C	) Order	Date Re 03/31/	eceived /2023	Aggregate Contri 50.00			
				elegici (mezily	L Sec	ition B - This	s Page	<del></del>		275.00
			TOTAL of	add	litiona	Section B	Pages	Panking Company of the second of the second	An exemple explored one	48185.00
TOTALO	FALL		TRIEUM(ONS) FROMUND (Entertotellan Line 18), Gall					<u> </u>	,	48,460.00

Page 91 of 131

			E 200							-	
NAME OF COMMITTEE (Provide	le Comple	ete Name	e as Hegistered with Filing Hepos	tory)			I	YPE OF I	REPORT		
Lebron for Hartford							А	PR10	***************************************		
A. Total Contributions (See instructions for definition			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00	
***************************************				****							
			B. Itemized Contrib	utio	ns fro	m Individua	ls				
Last Name				First						ТМІ	
Arteaga				Juar							
Residential Street Address				City					State	Zip Code	
11 Valley Ridge Rd				Harı	rison				NY	10528	
Principal Occupation						Name of Employ	er				
Lawyer						Crowell& Moi					
,	٦.,	If contrib	bution is in excess of \$400 to a ca	ndidat	ie for a ch	ief executive offic	er of a municipality.		Amour	t of Contribution	
	_Yes ∑No	does co	ntributor or business he/she is as at more than \$5,0007		ed with ha		said municipality				
Is this contribution associated with	——— П Y є		Is contributor a principal of a sta	ite con		<u> </u>		Yes			
an event reported in Section L1?	N X		If yes, indicate which branch	or bra	nches		_	I No		500.00	
If yes, list Event #	(A) IV	,	of government the contract is	with:	,	Executive	Legislative				
Method of Contribution:		_	_		Date Re		Aggregate Contribu	itions			
Cash Personal Check XCre	dit/Debit	Card	Payroll Deduction	rder	02/20/	2023	750.00				
Last Name				First						МІ	
Surgeon				Shir	ley						
Residential Street Address				City					State	Zip Code	
160 Adams Street				Hart	tford				CT	06112	
Principal Occupation				ļ		Name of Employ	ω,	!		ı	
Sessional						State of CT	G1				
Ocasional	···· I										
	☐Yes X No	does co	bution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with ha	ave a contract with	said municipality		Amount of Contribution		
						Yes XN			4		
Is this contribution associated with an event reported in Section L1?	□Y <sub>€</sub>		Is contributor a principal of a sta If yes, indicate which branch			r prospective state	contractor?	Yes		50.00	
If yes, list Event #	XN	0	of government the contract is			Executive	Legislative	<b>⊠</b> No			
Method of Contribution:			•		Date Re	ceived	Aggregate Contribu	tions			
☐ Cash ☐ Personal Check 🔀 Cre	dit/Debit	Card 🗀	Payroll Deduction Money C	rder	01/12/	2023	50.00				
Last Name			ALL MARKET MARKET MARKET MARKET MARKET MARKET MARKET MARKET MARKET MARKET MARKET MARKET MARKET MARKET MARKET M	First			·L			МІ	
Boykin				Tysl	hawn						
Residential Street Address				City					State	Zip Code	
25 Harold Street				Hart	lford				СТ	06112	
Principal Occupation						Name of Employ					
Behavioral Specialist						Achievement					
	☐Yes XNo	does co.	bution is in excess of \$400 to a ca ntributor or business he/she is as						Amour	at of Contribution	
, L	ΔΙΝΟ	valued a	at more than \$5,000?			Yes 🗓 N					
Is this contribution associated with an event reported in Section L1?	□Ye	es	Is contributor a principal of a sta			r prospective state	contractor?	Yes		5.00	
If yes, list Event #	<b>⊠</b> No	ס	If yes, indicate which branch of government the contract is			Executive	Legislative	X No		5.00	
Method of Contribution:					Date Re	ceived	Aggregate Contribu	tions			
Cash	dit/Debit	Card	Payroll Deduction Money C	rder	01/01/	2023	5.00				
			SUBT(	OTA	L Seci	lion B - This	Page			555.00	
			TOTALof	add	itiona	Section B I	Pages			47905.00	
TOTAL OF	ALL (	CONT	RIBUTIONS FROM INL							48,460.00	
			(Enter total on Line 13, Col	umn .	A of Su	mmary Page Te	otals)			TO, TOO, OO	

# I. MONETARY RECEIPTS (Sections A - K)

Page 92 of 131

NAME OF COMMITTEE (Provide Complete Name	ne as Registered with Filing Repos	illory)			TYPE OF	REPORT	
Lebron for Hartford					APR10		
A. Total Contributions from Sma (See instructions for definition of Small Contribu			eriod ONLY L SECTION A	\$			0.00
	B. Itemized Contrib	outions fro	om Individus	ils			
Last Name		First	THE SHOP SHAPE SHAPE SALES	SURE STREET THE STREET STREET STREET	CHANCE TO SERVE	ÇOYADIN DÜYÜN ÇOYAD YARAN ÇOYADI.	[MI
Robertson	7	Gregory					
Residential Street Address		City				State	Zip Code
11 Woodybrook Road		Windsor				СТ	06095
Principal Occupation	,		Name of Employ	ver			
Retired			Retired	•			
_ [15 aprile	hution to in overage of \$400 to a co			and of a municipality		Amour	nt of Contribution
or dependent child of a lobbyist?	bution is in excess of \$400 to a ca ontributor or business he/she is as: at more than \$5,000?			h said municipality		Allioui	it of Contribution
Is this contribution associated with Yes	Is contributor a principal of a sta	ate contractor o	r prospective state	e contractor?	Yes	İ	
an event reported in Section L1?	If yes, indicate which branch	or branches		_	X No		100.00
II yes, list Event #	of government the contract is			Legislative		ļ	
Method of Contribution: ☐Cash ☐ Personal Check ☒ Credit/Debit Card ☐	15		eceived /2023	Aggregate Contril			
	Payroll Deduction Money C		12020	200.00			
Last Name		First					MI
Robles		Jose					
Residential Street Address		City				State	Zip Code
20 Rossetto Dr	СТ	06042					
Principal Occupation		J <del></del>	Name of Employ	/er		<u>.                                    </u>	L
Realtor			Lewis Real E				
or dependent child of a lobbyist?	bution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?	sociated with h		h sald municipality		Amour	t of Contribution
Is this contribution associated with	Is contributor a principal of a sta				Yes		
an event reported in Section L1?	If yes, indicate which branch	or branches		_	⊠ No		30.00
If yes, list Event #	of government the contract is		Executive	Legislative			
Method of Contribution:		Date R		Aggregate Contrib			
Cash Personal Check Coredit/Debit Card	Payroll Deduction Money O	order 03/31	/2023	705.00	)	nerson personal grands	
Last Name		First					МІ
Sweeney		Liam					
Residential Street Address		City			•	State	Zip Code
29 Penn Drive		West Harti	ord			СТ	06119
Principal Occupation		ļ	Name of Employ	/OT			
Principal Occupation  Principal	1		Penn Lincoln				
			Ļ			I	
or dependent child of a lobbyist?	bution is in excess of \$400 to a ca intributor or business he/she is as: at more than \$5,000?	sociated with h		h said municipality		Amoun	t of Contribution
Is this contribution associated with Yes	Is contributor a principal of a sta			· · · · · · · · · · · · · · · · · · ·	Yes		
an event reported in Section L1?	If yes, indicate which branch	or branches	_		⊠ No		100.00
II yes, list event #	of government the contract is		Executive	Legislative			
Method of Contribution:	<b>"</b>  _	l l	eceived /2023	Aggregate Contril			
Cash Personal Check Credit/Debit Card	JPayroll Deduction	order US/S-I	/2023	(20.00	) 		
	SUBTO	OTAL Sec	tion 8 - This	Page			230.00
	ΤΌΤΑL of	additiona	l Section B	Pages		· And · · · · · · · · · · · · · · · · · · ·	48230.00
TOTAL OF ALL CONT	TRIBUTIONS FROM IND (Enter total on Line 18, Coll						48,460.00

#### SEEC FORM 20

#### I. MONETARY RECEIPTS (Sections A - K)

Page 93 of 131

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)		- SE	YPE OF I	REPORT	ruge or
Lebron for Hartford			,	APR10		
A. Total Contributions from Small Contributors-Rece		Period ONLY TAL SECTION A	\$			0.00
(See Matidations to detination of dinair continuation)	30510	NATE OF CHICAGO				
B. Itemized Contr	ibutions	from Individua	als	i.		
Last Name Feliciano	First Ricardo	)				MI
Residential Street Address 96 Brown St	City Hartford				State CT	Zip Code 06114
Principal Occupation	T I I I I I I I I I I I I I I I I I I I	Name of Employ	yer		<u> </u>	00114
Manager		International				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a does contributor or business he/she is valued at more than \$5,000?			h sald municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No Is contributor a principal of a lifyes, indicate which brance of government the contract.	ich or branche	tor or prospective state		Yes No		50.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	<b>I</b>	te Received 1/23/2023	Aggregate Contrit			
Last Name Khan	First Ginette					MI
Residential Street Address	City	···			State	Zip Code
63 Apt 3 E Huntington st	Hartford	d			CT	06105-7607
Principal Occupation Certified nursing assistant		Name of Employ	•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a does contributor or business he/she is valued at more than \$5,000?			h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	ch or branche	98	e contractor?	Yes No		50.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	l l	te Received 1/09/2023	Aggregate Contrib			
Last Name	First				<u></u>	MI
Tejada  Residential Street Address	Elvis				State	Zip Code
47 Hamilton Street	Hartford	d			CT	06106
Principal Occupation Office Assistant	•	Name of Employ State of CT	yer			:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   No    Yes   If contribution is in excess of \$400 to a does contributor or business he/she is valued at more than \$5,000?			h said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a lf yes, indicate which brance of government the contract.	ich or branche	9S	Legislative	Yes No		100.00
Method of Contribution:  ☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	<b>I</b>	te Received 1/07/2023	Aggregate Contrit			
		Section B - This	s Page			200.00
TOTAL	of additio	nal Section B	Pages			48260.00
TOTAL OF ALL CONTRIBUTIONS FROM I						48,460.00

Page 94 of 131

	AND DESCRIPTION OF THE PARTY.	NAZINI NIKATAN	CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	CLOTES SECTION AND ADDRESS.		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NAME OF COMMITTIEE (Pro	vide Comp	lete Nam	e as Registered with	Filing Repos	itory)	Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan			TYPEOF	REPORT	
Lebron for Hartford									APR10		
A. Total Contribution (See instructions for definitions)				PLEY HER STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	CONTRACTOR OF THE		riod ONLY SECTION A	\$	ACT TO SHOW THE TAXABLE PARTY.	any and any and any any and any	0.00
						<u></u>					
			B Itemizer	1 Contrib	rific	ins fre	m Individua	ile			
Last Name			J. N. O. M. Z. O.		First					No. 20	MI
Miranda					Edd						
Residential Street Address	<del></del>			····	City	······································				State	Zip Code
50 Elm Dr					Wes	st Hartf	ord			СТ	06110
Principal Occupation			7				Name of Employ	/er			
CFO							1 ' '	Public Schools			
		If contril	oution is in excess of	\$400 to a co	ndidət	te for a cl				Amou	nt of Contribution
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ∑No	does co	ntributor or business at more than \$5,000?	he/she is as:		ed with h		n said municipality	ı	Anjour	. Of Columbation
Is this contribution associated with	Y	es	Is contributor a prin	icipal of a sta	te con		<del></del>		Yes	1	
an event reported in Section L1?	⊠ <sub>N</sub>		If yes, indicate v	vhich branch	or bra	nches			X No		50.00
If yes, list Event #			of government to	ne contract is	with:			Legislative		-	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	s dtules - Lite	مسال	]p	<u> Пи</u>		Date Re 03/28		Aggregate Contri			
	stedin Debit	Card L	Payroll Deduction	ivioney C	egest speed		72020	30.00			
Last Name					First						MI
Libert					Jwy	anze					
Residential Street Address					City					State	Zip Code
915 Main Street Atp 217 Hartford								СТ	06103		
Principal Occupation				<del></del>			Name of Employ	er			
СТО							Division 5 LL	С			
		if contrib	oution is in excess of	\$400 to a ca	ndidat	e for a cl	lef executive offic	er of a municipality		Amour	nt of Contribution
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does co	ntributor or business it more than \$5,000?	he/she is as:		ed with ha	ave a contract with	said municipality			
1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		L		<del> </del>			Yes XN		<u></u>		
Is this contribution associated with an event reported in Section L1?			Is contributor a prin				r prospective state	contractor?	Yes		300.00
If yes, list Event #	N	<u>.                                    </u>	of government to	he contract is	with:		Executive	Legislative	⊠ No		İ
Method of Contribution:				_		Date Re		Aggregate Contri			
Cash Personal Check XC	redit/Debit	Card _	Payroll Deduction	☐Money O	rder	03/25/	/2023	300.0	)		West to the second of the second of the second
Last Name					First						М
Torres ,					Nan	су					
Residential Street Address					City					State	Zip Code
3124 Town Ridge			_		Mid	dletowr	ı			СТ	06457
Principal Occupation	<del> </del>			. <u></u>	ļ	<del></del>	Name of Employ	/er		L	<u> </u>
Tax Clerk			1				City of Middle				
Tax Olone		[16 annual]	oution is in excess of	\$400 to a aa	ndidat	lo for a al				Amour	nt of Contribution
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	does co	ntributor or business	he/she is as:						Allioui	
or acpertant stand of a topbyton.	<b>∑</b> No	valued a	at more than \$5,000?	<u> </u>			Yes XN	lo		]	
Is this contribution associated with an event reported in Section L1?	□Y	es	Is contributor a prin				r prospective state	contractor?	Yes		50.00
If yes, list Event #	ΧN	lo	If yes, indicate v of government t				Executive	Legislative	X No		30.00
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#### I. MONETARY RECEIPTS (Sections A - K)

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#### I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Prov	ide Compl	ete Name	as Registered with Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford								APR10		
A. Total Contribution			l Contributors-Receiv			riod ONLY SECTION A	\$			0.00
			B. Itemized Contrib		ns fro	m Individua	ls			
Last Name Powell				First Josh	nua					[MI
Residential Street Address 501 S Lake Dasha Dr				City Plan	tation				State FL	Zip Code 33324
Principal Occupation Software Engineer						Name of Employ Excella	er	,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with he	ave a contract with	n said municipalit		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	tribution associated with reported in Section L1?    Yes     Yes       Yes								250.00	
Method of Contribution:  ☐ Cash ☐ Personal Check 🖾 C	redit/Debit	Card	Payroll Deduction Money C	order	Date Re 03/18/		Aggregate Con 250			
Last Name			i	First						MI
Aina				Ola					l a	W 0.4
Residential Street Address 2 Brooke St				City Bloc	mfield				State CT	Zip Code 06002
Principal Occupation Consultant				•		Name of Employ Robert Half	/er			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	oution is in excess of \$400 to a ce ntributor or business he/she is as at more than \$5,000?		ed with h		n said municipalit		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Y		ls contributor a principal of a sta If yes, indicate which branch of government the contract in	or bra			contractor?	☐ Yes ☒ No		100.00
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Last Name				First			•			МІ
Perez				Sha	kira				1	:
Residential Street Address 60 Willard Street				City Hart	ford				State CT	Zip Code 06105
Principal Occupation Teacher						Name of Employ Hartford Pub			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with h		h said municipalit		Amoui	nt of Contribution
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					L Sec	tion B - This	Page			450.00
			TOTAL of	add	itiona	Section B	Pages			48010.00
TOTAL O	)F ALL		RIBUTIONS FROM INI (Entertatal on Line 13, Col							48,460.00

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NAME OF COMMITTEE (Pro)	vide Compi	lete Nam	e as Registered with	Filing Repos	itory)	Albertalis Variation			TYPE OF	REPORT	
Lebron for Hartford									APR10		
A. Total Contributio					CAN (25/02/91137)			\$	- Wheeler Hange	<u></u>	0.00
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Residential Street Address					City					State	Zip Code
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Principal Occupation			*	-			Name of Employ	yer			
Sales							Starbucks				
ls contributor a lobbyist, spouse, or dępendent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of ntributor or business at more than \$5,000?	he/she is as		ed with h		h said municipality		Amour	nt of Contribution
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Edole					Albe	ert					
Residential Street Address					City					State	Zip Code
33 Love Lane					Hart	ford				CT	06112
Principal Occupation		_					Name of Employ	/er			
Home Depot							Cashier				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does co	oution is in excess of ntributor or business	he/she is as:		ed with ha	ve a contract with	h said municipality		Amour	nt of Contribution
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Residential Street Address 41 Crescent Drive					City ⊏ae	t Hartfo	rd			State CT	Zip Code 06118
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Principal Occupation			/				Name of Employ	/er			i
ls contributor a lobbyist, spouse,	Yes	If contrib	oution is in excess of	\$400 to a ca	ndidat	e for a ch	ief executive offic	er of a municipali	y,	Amour	nt of Contribution
or dependent child of a lobbyist?	⊠ No		ntributor or business at more than \$5,000?		sociate		ve a contract with		•		
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			(Enter total on L	lne 13, Cal	umn.	A of Su	mmary Page 1	otals)			10,100.50

#### SEEC FORM 20

#### I. MONETARY RECEIPTS (Sections A - K)

Revised January 2015		-				• (	,		·· <u>·</u>	Page 99 of 131
NAME OF COMMITTEE (Pro-	ride Comple	ste Name	as Registered with Filing Repos	itony)			yi y	TYPE OF F	REPORT	10 m
Lebron for Hartford								APR10		
A. Total Contribution (See instructions for definition			Il Contributors-Receiv	(0.000) (0.000)		riod ONLY SECTION A	\$			0.00
			B. Itemized Contrib	utio	ns fro	 m Individua	ls			_
Last Name				First						MI
Kennedy				Wins	ston					
Residential Street Address	<u> </u>			City	-				State	Zip Code
220 Dudley Town Road				Wind	asor				СТ	06095
Principal Occupation Intervention Specialist						Name of Employer Hartford Com	<sub>er</sub> ımunities That	Care		
<u> </u>	<b>—</b>	If contrib	bution is in excess of \$400 to a ca	ndidat	te for a ch	ļ		· · · · · · · · · · · · · · · · · · ·	Amour	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ res	does cor	ntributor or business he/she is as: at more than \$5,000?		ed with ha		n said municipality		• • • • • • • • • • • • • • • • • • • •	
Is this contribution associated with an event reported in Section L1? If yes, list Event #									100.00	
Method of Contribution:	redit/Debit	Card [	Payroll Deduction Money C	Order	Date Re 01/09/		Aggregate Cont.			
Last Name			-	First						МІ
Ortiz				Abne	er	. <u> </u>				
Residential Street Address 141 Woodland Street				City Hartt	ford				State CT	Zip Code 06105
Principal Occupation Retired						Name of Employe	er			
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	□ Yes	does cor	bution is in excess of \$400 to a ca intributor or business he/she is as: at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution
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Last Name				First						МІ
Mestre				Joey	/				I	
Residential Street Address 18 Essex Street			I	City Harti	ford				State CT	Zip Code 06114
Principal Occupation				J		Name of Employ D'Anjelos	er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ res	does cor	bution is in excess of \$400 to a ca intributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		Amour	nt of Contribution
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			SUBT	OTA	L Sect	ilon B - This	Page			177.00
			TOTAL of	add	itional	Section B I	Pages			48283.00
TOTAL O	FALL		RIBUTIONS FROM IND							48,460.00

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		Daniel Communication								tagoot	
NAME OF COMMITTEE (Pro	vide Comp	olete Nam	e as Registered with Filing Repo	sitory)				TYPE OF	REPORT		
Lebron for Hartford								APR10			
A. Total Contributio			II Contributors-Receiv	Sec. 1658		riod ONLY SECTION A	\$			0.00	
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Residential Street Address 29 Sunset Terr				City Sou	th Wind	dsor			State CT	Zip Code 06074	
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Diaz				Bea	trice				•		
Residential Street Address				City	borofiol	ئدا			State	Zip Code	
53 Cross Hill Rd			·	wet	hersfiel				CT	06109	
Principal Occupation Sw						Name of Employ State of CT	er				
ls contributor a lobbyist, spouse,	Yes	If contrib	oution is in excess of \$400 to a ca ntributor or business he/she is as	andidate	e for a ch	lef executive office	er of a municipa	lity, Iv	Amoun	t of Contribution	
or dependent child of a tobbyist?	X No		at more than \$5,000?		_	Yes XN		- 7			
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Last Name Sanchez			•	First Lesi						MI	
				City					State	Zip Code	
Residential Street Address 35 Wind Road				, ,	t Hartfo	rd			CT	26 Code 06108	
Principal Occupation				<u></u>		Name of Employ	er				
Truck Driver						TOJ Logistics					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		ed with he		said municipali		Amoun	t of Contribution	
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#### I. MONETARY RECEIPTS (Sections A - K)

Page 101<sub>of</sub> 131

NAME OF COMMITTEE (Provi	ide Compli	ete Name	as Registered with I	Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford								/	APR10		
A. Total Contribution (See instructions for definition							riod ONLY SECTION A	\$			0.00
			B, Itemized	l Contrib		S 20	m Individua	ils			
Last Name Ortiz					First	shine					MI
											7:- 0
Residential Street Address 18 Essex St				1	City Hart	tford				State CT	Zip Code 06114
Principal Occupation							Name of Employ	/or		<u> </u>	0011-1
Account Manager Customer	Service	,					Central Pape				
			oution is in excess of	\$400 to a ca	ndida'	te for a ch				Amour	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?											
Is this contribution associated with	Y6	es	ls contributor a princ			ntractor or			Yes		_
an event reported in Section L1?  If yes, list Event #	⊠ No		If yes, indicate w	which branch	or bra	anches		Legislative	⊠ No	ĺ	100.00
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Cortes					Anti	hony			_		
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65 Harlan Street Manchester									СТ	06042	
Principal Occupation				· · · · · · · · · · · · · · · · · · ·	-		Name of Employ	rer			
Retired							Retired				
is contributor a lobbyist, spouse,	Yes		ontribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, as contributor or business he/she is associated with have a contract with said municipality							Amour	nt of Contribution
	⊠Nο		ntributor or business i at more than \$5,000?		iociate	_	ive a contract with Yes XN			İ	
Is this contribution associated with	I Ye	es	Is contributor a prin	ncipal of a sta	ate cor				Yes		
an event reported in Section L1?  If yes, list Event #	X		If yes, indicate w	which branch	or bra	nches		Legislative	⊠ No		25.00
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Last Name	<del></del>		<b>E</b>		First						MI
Espinoza				I	Aida	ā					
Residential Street Address					City					State	Zip Code
630 Cobblestone Lane					Stor	ne Mour	ntain			GA	30087
Principal Occupation							Name of Employ	/er			
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	Yes		bution is in excess of						,	Amour	nt of Contribution
	<u>ख</u> ∣		ntributor or business l at more than \$5,000?		30Clate		ve a contract with				
Is this contribution associated with	Ye	es	ls contributor a princ	•			prospective state	contractor?	Yes		100.00
an event reported in Section L1?  If yes, list Event #	XN	0	If yes, indicate w of government th				Executive	Legislative	X No		100.00
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				SUBT	ATC	L Sect	ion B - This	, Page			225.00
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TOTAL O	FALL		RIBUTIONS FI (Enter total on Li								48,460.00

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			B. Itemized Contril	butic	ons fro	om Individue	ils			
Last Name Randolf				Gor	don					MI
Residential Street Address	· · · · · · · · · · · · · · · · · · ·			City			<u> </u>		State	Zip Code
60 West Street				Roc	ky Hill				ст	06067
Principal Occupation						Name of Employ	ver .			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of \$400 to a contributor or business he/she is as at more than \$5,000?		ed with h		said municipality	5	Amou	nt of Contribution
Is this contribution associated with	Y	es es	Is contributor a principal of a st		ntractor o	<del></del>		Yes		E 00
an event reported in Section L1?  If yes, list Event #	ΧN	0	If yes, indicate which branch of government the contract i			Executive	Legislative	X No		5.00
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Last Name				First						MI
Lewis				Gra	cie					
Residential Street Address				City					State	Zip Code
359 Barbour Street				Har	tford				СТ	06120
Principal Occupation						Name of Employ	er			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ed with h		n said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Y	es	Is contributor a principal of a st			r prospective state	contractor?	Yes		T 00
If yes, list Event #	ΧN	0	If yes, indicate which branch of government the contract i			Executive	Legislative	X No		5.00
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765 Park Street			/	1 1	tford				СТ	06106
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SEEC FORM 20

#### I. MONETARY RECEIPTS (Sections A - K)

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Heatzen Tatribly 2013										Page 10001 131
NAME OF COMMITTEE (Pio	vide Compl	ete Name	as Registered with Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford								APR10		
			l Contributors-Receiv				\$		- <u></u>	0.00
(See instructions for definition	n of Small	COAIRIBUIL	orj <sub>)</sub>	SOBIL	(O) NATE	SECTION A			· · · · · · · · · · · · · · · · · · ·	
			B. Itemized Contrib	utlon	ıs fro	m Individua	ils			
Last Name Rivera				First Cierra	a					MI
Residential Street Address				City					State	Zip Code
56 Wilcox St #9				1 1	Britair	1			СТ	06051
Principal Occupation Certified Phlebotomist						Name of Employ Collaborative	<sup>yer</sup> e Laboratory S	ervices		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	∏Yes ⊠No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as: at more than \$5,000?		i with h		h said municipality		Amour	nt of Contribution
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Ramos-Huff				Taqui	isha					
Residential Street Address				City					State	Zip Code
19 Squire Street		_		Hartfo	ord				СТ	06106
Principal Occupation Unemployed						Name of Employ Unemployed			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as: it more than \$5,000?		i with <u>h</u> a		h said municipality		Amou	nt of Contribution
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Residential Street Address				City					State	Zip Code
141 Woodland Street				Hartfe	ord				СТ	06105
Principal Occupation Retired				•		Name of Employ	yer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?		with h		h said municipality		Amou	nt of Contribution
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Principal Occupation						Name of Employ				
Truck driver		<u> </u>		0.1.		Opening Ros				
ls contributor a lobbyist, spouse, or dependent child of a lobbylst?	☐ Yes X No	does co	bution is in excess of \$400 to a co ntributor or business he/she is as at more than \$5,000?		ed with h		h said municipalit		Amour	nt of Contribution
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Last Name			W	First						MI
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Morris ,				She						
Residential Street Address 63 Huntington Street				City Hart	ford	,			State CT	Zip Code 06105
				Tian	1010	Name of Employ			01	00100
Principal Occupation  Campaign Coordinator			1			Name of Employ Lebron for H				
		If contrib	bution is in excess of \$400 to a ca	andidal	e for a cl			itv.	Amour	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does co	ntributor or business he/she is as at more than \$5,000?		ed with h	ave a contract witi	h said municipalit			
Is this contribution associated with		<u> </u>	Is contributor a principal of a st	ate cor		Yes XN		Yes		
an event reported in Section L1?	X N		If yes, indicate which branch of government the contract i	or bra	nches		Legislative	X No		50.00
If yes, list Event #			or government the connect	U 111111	Date Re		Aggregate Con	tributions		
Cash Personal Check	redit/Debit	Card	Payroll Deduction Money (	Order	03/27	/2023	115			
			SUBT	OTA	L Sec	liojn B - This	Page		en en en en en en en en en en en en en e	250.00
			TOTAL of	්සල්ල්	itiona	Section B	Pages			48210.00
TOTAL	OF ALL		RIEUTIONS FROM IN (Entertatel on Line 18), Co					ull Manus		48,460.00

#### I. MONETARY RECEIPTS (Sections A - K)

Page 105of 131

							Tage 10-01 tot
NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Reposi	(tony)		ī	YPE OF I	REPORT	
Lebron for Hartford				А	PR10		
A. Total Contributions from S (See instructions for definition of Small Co.)			riod ONLY L SECTION A	\$	` <u>.</u>		0.00
	<u></u>						
	B. Itemized Contrib	utions fro	om Individua	ls			
Last Name Jackson		First Courtenay	··· <del>-</del>				MI
Residential Street Address		City			<u>-</u>	State	Zip Code
155 Colby Street		Hartford				CT	06105
Principal Occupation Local government			Name of Employ City of hartfor				
or dependent child of a lobbyist?	contribution is in excess of \$400 to a calles contributor or business he/she is assilued at more than \$5,000?	sociated with h		said municipality	_	Amour	nt of Contribution
is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta	te contractor o	<del></del>		Yes		100.00
If yes, list Event #	of government the contract is	with:		Legislative	X No		100.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd Payroll Deduction Money O		eceived /2023	Aggregate Contribution 100.00	utions		
Last Name		First					MI
Williams		Patrick		·· <del>·</del>			
Residential Street Address 154 Collins Street Apartment C2		<sub>City</sub> Hartford				State CT	Zip Code 06105
Principal Occupation			Name of Employ		o of line		<u> </u>
Community School Director	contribution is in excess of \$400 to a ca	ndidate for a c		rities Archdioces	e or mar	····	nt of Contribution
or dependent child of a lobbyist?	these contributor or business he/she is assoluted at more than \$5,000?	sociated with h	ave a contract with	said municipality		Antour	it of contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches		contractor?	Yes No		50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Ca	rd Payroll Deduction Money O		eceived /2023	Aggregate Contribu	tions		
Last Name		First		<u>                                     </u>			MI
Toro		Carlos					
Residential Street Address 284 Freeman Street		City Hartford	···			State CT	Zip Code 06106
Principal Occupation	<u> </u>	7.1.1.1.1.1	Name of Employ	er		01	100100
Social Worker			Dcf				
or dependent shild of a lobbyist?	contribution is in excess of \$400 to a ca bes contributor or business he/she is assoluted at more than \$5,000?	sociated with h		said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta	te contractor o			Yes		100.00
If yes, list Event #XINO	of government the contract is	with:		Legislative	⊠ No		100.00
Method of Contribution: ☐ Cash ☐ Personal Check	rd Payroll Deduction Money O	1	eceived /2023	Aggregate Contribution 100.00	nions		
			tion B - This	Page	·		250,00
	TOTAL of	additlona	l Section B I	Pages			48210.00
TOTAL OF ALL CO	ONTRIBUTIONS FROM INC						48,460.00

SEEC	FORM	20
Revised	January	2015

Revised January 2015						Page 106of 131			
NAME OF COMMITTEE (Provide Complete	TYPE OF	TYPE OF REPORT							
Lebron for Hartford	APR10								
	C1. Co	ntributio	ıs from	Other Commit	tees				
Name of Committee				Name of Treasurer		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			
Just Another Bouncy				1					
Address 317 Middle Turnpike East				Is this contribution associated with an Yes X No Amount of Contribution					
				event reported in Section L1?  If yes, list Event #					
					/ent #	250.00			
City	State	Zip Cod	9	Date Received	Aggregate Contributions				
Manchester	Ст	06040		03/15/2023	250.00	1			
	oriones and a second								

250.00	SUBTOTAL Section C - This Page
0.00	TOTAL of additional Section C Pages
250.00	TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 - C2) (Enter total on Line 14, Column A-of-Summary Page Totals)

## III. NONMONETARY RECEIPTS (Sections M - 0)

Page 107of 131

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPO							REPORT		
Lebron for Hartford AF						APR10	APR10		
M. In-Kind Contributions									
Name Daniel Troy							*****		
Street Address 331 Parker Street		City Manchester				State CT	Zip Code 06042		
Type of Contributor: Committee  X Individual / Sole Proprietorship Other	00/45	eceived /2023	Aggregate Co 387.10	ontributions  Description of In-Kind Contribution  House Party Food					-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	f contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, loes contributor or business he/she is associated with have a contract with said municipality ralued at more than \$5,000?						Fair Market Value of this 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?					Yes No		187.10
Name Abner Ortiz, Jr.	Name								
Street Address 235 Farmington Avenue				City Hartford				State CT	Zip Code 06105
Type of Contributor: ☐Committee  ☑ Individual / Sole Proprietorship ☐ Other	03/21	Date Received Aggregate Contributions Description of In-Kind Contribution 781.47 Fundraising Event 3/31/23 - Food							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, loes contributor or business he/she is associated with have a contract with said municipality alued at more than \$5,000?							r Market Value nis Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		If yes, indicate	rincipal of a sta e which branch at the contract is	or branches					562.47
Name Abner Ortiz, Jr.									
Street Address 235 Farmington Avenue				City Hartford				State CT	Zip Code 06105
Type of Contributor: Committee  Individual / Sole Proprietorship Other	Date Re 03/31	12224				- Food	•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution is in excess of \$400 to a candidate for a chief executive officer of a municipality, ontributor or business he/she is associated with have a contract with said municipality at more than \$5,000?					Fair Market Value of this 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:  Executive Legislative						119.00	
SUBTOTAL Section M — This Page 868.57									
			TOTAL	of addition	nal Section I	ଐ Pages			489.80
TOTAL OF ALL IN-KIND CONTR	HBUTIO	INS (Ent	er total on Line	9 23, Column A	1 of Summary F	age Totals)			1,358.37

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#### SEEC FORM 20

# III. NONMONETARY RECEIPTS (Sections M-O)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							TYPE OF REPORT			
Lebron for Hartford							APR10			
			M. In-Kind	Contribu	tions					
Name								A Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sect		
Priscilla Gracia										
Street Address				City				State	Zip Code	
45 Glenwood st				Manchester				СТ	06040	
Type of Contributor: Committee	Date Rece	lved	Aggregate Co	ntríbutions	Description of	n-Kind Contribution				
Individual / Sole Proprietorship Other	02/19/20	02/19/2023 439.80 Fu			Fundraising	Fundraising Event				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contri	f contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	i i	ls contributor a principal of a state contractor or prospective state contractor?					Yes No	289.80		
Name										
Juan Rivera										
Street Address				City				State	Zip Code	
15 Chapman Street				Hartford ,				CT	06114	
Type of Contributor: Committee	Date Rece	lved	Aggregate Co	ntributions	Description of I	n-Kind Contribution				
🖾 Individual / Sole Proprietorship 🔲 Other	03/28/20	/2023 400.00 Food for fundraiser on Mare				ch 28				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contri	contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, es contributor or business he/she is associated with have a contract with said municipality lued at more than \$5,000?					/,		Market Value is 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:  Executive Legislative						200.00		

SUBTOTAL Section M — This Page	489.80
TOTAL of additional Section M Pages	868.57
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)	1,358.37

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sitory)		TYPE O	F REPORT	rage of terms	
Lebron for Hartford	•			APR10			
	P. Expenses	Paid by Committe	0				
Name of Payee		<u>.</u>	Date of Payment:		Method of F		
Anedot			01/12/2023		☑ Debit C		
Street Address 1340 Poydras Street		City			State	Zip Code	
	T	New Orleans			LA	70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization In Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind or	iture) 🔲 Indep	below" is checked)  nendent nization: oA oB oC	σD		17.20	
Name of Payee			Date of Payment:		Method of Payment  Check #		
Integrated Solutions: F	Political		02/01/2023		☑ Check ☑ Debit C		
Street Address 4142 Adams Avenue	Suite 103-550	City San Diego	···		State CA	Zip Code 92116	
Purpose of Expenditure (by code) OVHD	Descriptions Client Management System		Event #			Amount	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P 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: oA oB oC oD						300.00	
Name of Payee			Date of Payment:		Method of F		
MailChimp			02/28/2023		Debit C		
Street Address 675 Ponce De Leon A	venue Northeast Suite 5000	City Atlanta			State GA	Zip Code 30308	
Purpose of Expenditure	Descriptions	ļi	Event #			Amount	
A-OTH	email marketing						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	iture) 🔲 Indep	below" is checked)  pendent nization: oA oB oC	oD		26.77	
Name of Payee			Date of Payment:	-	Method of I		
Max Downtown			01/24/2023		☑ Debit C		
Street Address 185 Asylum Street		City Hartford		_	State CT	Zip Code 06103	
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meeting		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indep	below" is checked) sendent sization: oA oB oC	σD		125.93	
	SUE	STOTAL Section P -	- This Page			469.90	
	TOTA	L of additional Secti	on P Pages			25053.33	
		PENSES PAID BY C				25,523.23	

Revised January 2015	• • • • • • • • • • • • • • • • • • • •			and a second second	N 200 N 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C	Page 110 <sub>of</sub> 131
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sitory)		TYPEO	REPORT	T.
Lebron for Hartford		N. D. C. C. C. C. C. C. C. C. C. C. C. C. C.		APR10		
	P. Expenses	Paid by Committe	<b>96</b>			
Name of Payee			Date of Payment:		Method of I	•
Georges Pizza Resta	urant	<u> </u>	02/09/2023		☐ Check ☑Debit C	
Street Address		City			State	Zip Code
2027 Park Street		Hartford		*	CT	06106
Purpose of Expenditure (by code)	Descriptions		Event#			Amount
FOOD	staff meal					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements None of the below  Coordinated with reimbursement sought (joint expending	iture) 🔲 Inde	pendent			52.09
	Coordinated without reimbursement sought (in-kind co	ontribution) 🔲 Orga	unization: oA oB oC	AND CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY		
Name of Payee			Date of Payment:		Method of F	
Anedot ,	dot01/03/2023				⊠Debit C	ard EFT
Street Address		City			State	Zip Code
1340 Poydras Street	·	New Orleans			LA	70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees			ŀ		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked)			5.30
✓ None of the below						
	Coordinated without reimbursement sought (in-kind co		nization: oA oB oC	οD		
Name of Payee			Date of Payment:		Method of F	
Anedot		<b>***</b>	03/31/2023		Debit C	
Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans			LA	70112
Purpose of Expenditure (by code)	Descriptions		Event #	]		Amount
BNK	Anedot Fees					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	lired unless "None of the	e below" is checked)			202.90
(п аррпсавіе)	None of the below  Coordinated with reimbursement sought (joint expendi	iture) 🗍 Inde	pendent	  -  -		
	Coordinated with reimbursement sought (in-kind co		inization: oA oB oC	oD		
Name of Payee			Date of Payment:		Method of F	•
Anedot			02/09/2023		Check	
Street Address	,	City			State	Zip Code
1340 Poydras Street		New Orleans			LA	70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" (s checked)	$\neg \neg$		4.50
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expendi	,	pendent inization: oA oB oC	oD		
		ITOTAL Section P				264.79
	TOTAL	L of additional Sect	lon P Pages			25258.44
		PENSES PAID BY (				25,523.23
			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			

Hevised Sanuary 2015						Page '''of ISI
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sitony)		TYPE O	REPOR	
Lebron for Hartford				APR10		
	P. Expenses	Paid by Committee	9			
Name of Payee			Date of Payment:		Method of Check	
Anedot			03/14/2023		Debit C	
Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans			LA	70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	below" is checked)		1	16.90
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expend	_	endent lization: oA oB oC	οD		
Name of Payee		<u> </u>	Date of Payment:		Method of	Payment
Shenice Morris			03/21/2023		☑ Check	
Street Address		City			State	Zip Code
63 Huntington Street		Hartford			СТ	06105
Purpose of Expenditure (by code)	Descriptions	Į.	Event #			Amount
WAGE	Bi-Weekly wages				,	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	below" is checked)			490.20
μι αρφικοάΣιος	None of the below  Coordinated with reimbursement sought (joint expend	iture) 🔲 Indep	endent			
	Coordinated without reimbursement sought (in-kind or		ization: oA oB oC	оD		
Name of Payee			Date of Payment:		Method of Check	
Bushnell Theater			01/06/2023		Debit C	
Street Address		City			State	Zip Code
166 Capitol Avenue		Hartford			CT	06106
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
ATT	2023 Governor's Ball- two team tickets					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Req	uired unless "None of the	below" is checked)			400.00
(α αρρικάσιο)	None of the below  Coordinated with reimbursement sought (joint expend	iture) 🔲 Indep	endent			
	Coordinated without reimbursement sought (in-kind or		ization: oA oB oC	oD		
Name of Payee			Date of Payment:		Method of Check	
Anedot			01/11/2023		☑ Debit C	
Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans		:	LA	70112
Purpose of Expenditure (by code)	Descriptions	F	vent #			Amount
BNK	Anedot Fees					
Expenditure #	Type of Expenditure (Itemization in Addendum P Req	uired unless "None of the	below" is checked)			2.30
(if applicable)	None of the below	(Street) Trade-				
	Coordinated with reimbursement sought (joint expend		endent nization: oA oB oC	οD		
		BTOTAL Section P -				909.40
	ТОТА	L of additional Secti	on P Pages		· ###	24613.83
		PENSES PAID BY C				25,523.23

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Jestinen national trato							Page 1701 131
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	isilory)			TYPE O	FREPORT	Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan
Lebron for Hartford		SWM-antitudes-grape and anti-	Skite	See See See See See See See See See See	APR10		_
	P. Expenses	Paid by Committe					
Name of Payee			Ī	Date of Payment:		Method of I	
Priscis Cocina				02/07/2023		Debit C	
Street Address		City				State	Zip Code
515 Albany Avenue		Hartford			,	CT	06120
Purpose of Expenditure (by code) FOOD	Descriptions Staff meals while doing street team		Ever	nt #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	epend		oD		12.84
Name of Payee				Date of Payment:		Method of F	
Integrated Solutions: F	Political			03/01/2023	<u></u>	Debit C	
Street Address 4142 Adams Avenue	Suite 103-550	City San Diego				State CA	Zip Code 92116
Purpose of Expenditure (by code) OVHD	Descriptions Client Management System		Even				Amount
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P 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: oA oB oC oD							300.00
Name of Payee			J	Date of Payment:		Method of F	
Anedot				01/06/2023		Debit C	
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code)	Descriptions		Even	nt#			Amount
BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements None of the below)  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought without reimbursement sought (in-kind coordinated without reimbursement sought without reimbursement sought without reimbursement sought (in-kind coordinated without reimbursement sought with	liture) 🔲 Indep	ependo	•	~D		8.20
Name of Payee	Coolinisted Attrod teleporeenest sought firsted or	Attilibution) — Cryss	نزور التناج	Date of Payment:		Method of F	
Anedot	/			01/31/2023		☐ Check ☑Debit C	
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code)	Descriptions		Even	nt #	-		Amount
BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind co	liture) 🐪 🔲 Indep	epende		oD		4.30
		BTOTAL Section P -					325.34
	TOTAL	L of additional Sect	tion	P-Pages	<u> </u>	personal library construction	25197.89
		(PENSES PAID BY C					25,523.23

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NAME OF COMMITTEE	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		
Lebron for Hartford					APR10		
	P. Expenses	Paid by Comn	nittee		9.5		
Name of Payee		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		Date of Payment:		Method of F	
Anedot				02/13/2023		Debit C	1
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans				LA	70112
Purpose of Expenditure	Descriptions		Eve	ent #			Amount
(by code) BNK	Anedot Fees						
		wheel unless "Name	-f the he	-louit in abacked			-0
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	II/eq unicss none	OI IIIE DE	10W IS checked;			69.90
	Coordinated with reimbursement sought (joint expendi	iture)	Independ	dent			
	Coordinated without reimbursement sought (in-kind co	ontribution)	Organiza	ation: oA oB oC			
Name of Payee				Date of Payment:		Method of F	
Aqui Me Quedo				03/21/2023		Debit C	
Street Address		City				State	Zip Code
150 Albany Avenue	Albany Avenue Hartford				CT	06120	
Purpose of Expenditure	Descriptions	<u> </u>	Eve	ent#			Amount
(by code) FOOD	Staff Meals						
<u> </u>	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None	of the be	elow" is checked)			24.60
(if applicable)							24.00
	Coordinated with reimbursement sought (joint expendi		Indepen				
	Coordinated without reimbursement sought (in-kind co	Intribution)	Organiza	ation: oA oB oC	οD	* = ·0: - ·3 _ £ F	
Name of Payee			!	Date of Payment:		Method of F	
Anedot				02/16/2023		X Debit C	
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans				LA	70112
Purpose of Expenditure	Descriptions	<u>!</u>	Ev€	ent#			Amount
(by code) BNK	Anedot Fees						
	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None	of the be	elow" is checked)		İ	4.60
(if applicable)	None of the below			-			4.00
	Coordinated with reimbursement sought (joint expendi		Indepen				
Name of Dayso	Coordinated without reimbursement sought (in-kind co	ntribution) L	Organiza	ation: oA oB oC  Date of Payment:		Method of F	Commont
Name of Payee	ina.			1		Check	
United States Post Off	ice	·		03/14/2023		<b>⊠</b> Debit C	ard EFT
Street Address	-	City		, <del></del>		State	Zip Code
433 Woodland Street		Hartford				CT	06112
Purpose of Expenditure (by code)	Descriptions		Eνε	ent#			Amount
POST	Stamps						
	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None	of the be	elow" is checked)		İ	56.07
(if applicable)	None of the below	_					30.07
	Coordinated with reimbursement sought (joint expendi	_					
	Coordinated without reimbursement sought (in-kind co			ation: oA oB oC	οD		
	SUF	BTOTAL Section	n P — 1	Fhis Page			155.17
	TOTAL	L of additional s	Section	i P Pages			25368.06

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Revised Satinary 2015						Page 101 101
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repo	sitory)		TYPEO	F REPORT	
Lebron for Hartford				APR10	)	
	P. Expenses	Paid by Committee	e			
Name of Payee		SINCE SAME SAME SAME SAME SAME SAME SAME SAM	Date of Payment:	er we are sound	Method of I	
Franklin Sanchez			03/30/2023		Check	
Civant Address		Olt.		····	Debit C	<u> </u>
Street Address 238 Forest Dr		City Wethersfield			State	Zip Code
			· · · · · · · · · · · · · · · · · · ·	,	U	06109
Purpose of Expenditure (by code)	Descriptions	Į <sup>E</sup>	Event #			Amount
REF	refund for contribution over the limit					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the I	below" is checked)	<u>,</u>	Î	10.00
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expend		endent rization: oA oB oC	οD		
Name of Payee	C continued without summores their goods in the wind or	Janoardin Organi	Date of Payment:		Method of F	<sup>3</sup> ayment
Anedot			02/01/2023		Check	
		<u> </u>			☑ Debit C	ard DEFT
Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans	,		LA	70112
Purpose of Expenditure (by code)	Descriptions	E	Event #			Amount
BNK	Anedot Fees					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the l	below" is checked)		ĺ	23.20
(if applicable) None of the below						20.20
	Coordinated with reimbursement sought (joint expend			_		
Name of Payee	Coordinated without reimbursement sought (in-kind co	ontribution) L Organi	ization: oA oB oC  Date of Payment:	oD	Method of F	Zavmant
Hot Pots2374 Main St	troot		01/31/2023	İ	Check	
Tiot Fots2374 Main Of			01/31/2023		X Debit C	ard EFT
Street Address		City			State	Zip Code
2374 Main Street		Hartford			СТ	06120
Purpose of Expenditure (by code)	Descriptions	E	Event #			Amount
FOOD	staff meal					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the l	below" is checked)		t	41.24
(if applicable)	None of the below					7114
	Coordinated with reimbursement sought (joint expendi		endent			
	Coordinated without reimbursement sought (in-kind co	ontribution) L Organi	ization: oA oB oC Date of Payment:	οD	Method of F	Paymant .
Name of Payee	/ '		·		Check	
Anedot	/		02/24/2023		⊠Debit C	ard EFT
Street Address	,	City	·		State	Zip Code
1340 Poydras Street		New Orleans			LA	70112
Purpose of Expenditure	Descriptions	E	vent #			Amount
(by code) BNK	Anedot Fees			ļ		
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the l	below" is checked)	_		2.30
(if applicable)	None of the below		·			2.00
	Coordinated with reimbursement sought (joint expend					
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Coordinated without reimbursement sought (in-kind co	ontribution)	ization: oA oB oC	οD		
	SÚE	TOTAL Section P —	This Page			76.74
	ATOTA	Lof additional Section	on P Pages			25446.49
		(PENSES PAID BY GO			garden en en en en en en en en en en en en e	25,523.23
	(American Charles)					

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Healagg Salinary 50.12							Page 17901 101
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	llory)	ui.		TYPE O	FREPORT	
Lebron for Hartford					APR10		
	P. Expenses I	Paid by Committ	tee	West of the second			
Name of Payee			Į C	Date of Payment:		Method of I	
Anedot			1	01/17/2023		Check	
		<u> </u>				☑ Debit C	<del>                                     </del>
Street Address 1340 Poydras Street		City				State	Zip Code
		New Orleans				LA	70112
Purpose of Expenditure (by code)	Descriptions		Event	#			Amount
BNK	Anedot Fees						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of th	he belo	w" is checked)		•	6.90
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expendi	_	lepende		_		
	Coordinated without reimbursement sought (in-kind co	ntribution)		on: oA oB oC Date of Payment:	οD	Method of I	Doumont
Name of Payee			- 1	•		Check	
Dunkin Donuts			_ [ '	01/25/2023		⊠Debit C	ard EFT
Street Address		City				State	Zip Code
255 Farmington Ave		Hartford				СТ	06105
Purpose of Expenditure	Descriptions	Event #					Amount
(by code)	staff meal						
FOOD						ļ	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of th	he belo	w" is checked)			9.64
( <i>-</i>	None of the below  Coordinated with reimbursement sought (joint expendi	turo) 🗍 Indi	lepende	ıni			
	Coordinated without reimbursement sought (in-kind co		-	on:oA oB oC	οD		
Name of Payee		•		Date of Payment:		Method of I	
Ellis Strategies				02/13/2023		Check	
			L			Debit C	
Street Address 3419 Anderson Road		City				State	Zip Code
3419 Anderson Adad		Nashville				TN	37013
Purpose of Expenditure (by code)	Descriptions		Event	t #			Amount
PRNT	marketing materials						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of th	he belo	w" is checked)		<b>†</b> :	3,780.00
(if applicable)	None of the below						3,700.00
	Coordinated with reimbursement sought (joint expend		lepende				
	Coordinated without reimbursement sought (in-kind co	ontribution) L Org		on: oA oB oC	oĐ	\$4-45-d-s51	D
Name of Payee				Date of Payment:		Method of I	
Costco				02/24/2023		<b>⊠</b> Debit C	ard DEFT
Street Address		City				State	Zip Code
1718 Boston Post Roa	ad	Milford				СТ	06460
Purpose of Expenditure	Descriptions	<u> </u>	Event	t #		<u> </u>	Amount
(by code)	Travel Supplies					:	
OFFICE						<u> </u>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of ti	he belo	w" is checked)			90.39
[in application	None of the below Coordinated with reimbursement sought (joint expend	bel 🗆 (avuti	lepende	ant			
	Coordinated without reimbursement sought (in-kind or	· =	•	on: oA oB oC	οD		
		TOTAL Section P				-	3,886.93
	T(O)(A)	L of additional Sec	etion l	P Pages			21636.30
	TOTAL OF ALL EX						25,523.23
		19, Column A of Sumn					20,020.20

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First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Sp	NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Repos	sitary)			TYPEO	F REPORT	
Name of Payers	Lebron for Hartford					APR10	)	
Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Clock #   Cloc		P. Expenses	Paid by Committ	tee	an an absolute plant of the second	27 - 624 Carlotte - 100		
Digital (Tebs)   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   Descriptions   De	Name of Payee			Maria Maria	Date of Payment:		1	•
State   Address   City   Now Haven   State   2g Code   ODS15	Dollar Tree				02/23/2023		i —	
Purpose of Expenditure   Descriptions   First aid kit   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided   Provided			1 -				State	
First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   First aid kit   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Spenditure   Sp			New Haven				CT	
OFFICE   First aid kit   Expenditure	Purpose of Expenditure (by code)	J ·	!	Eve	nt #			Amount
Name of Payee   None of the below		First aid kit		_				
Cocordinated with reinbursement sought (pint oxpenditure)   Independent   Corpanization: A. of a C. of D.			uired unless "None of th	ie bel	low" is checked)		1	34.33
Coordinated without reimbureement sought (in-kind contribution)   Organizations: ch. o.B. o.C. o.D.	(ii sapepara)	l =	liture) 🔲 Inde	ерепс	rtent			
Anedot    City   Street Address   City   Street   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditure   Purpose of Expenditur		l ===	· <u> </u>	•		οD		
Stitled Address   City   New Orleans   City   Type of Expenditure   Descriptions   Coordinated without reimbursement sought (in-liend coordination)   Independent   City cools   Coordinated with relimbursement sought (in-liend coordination)   Independent   City cools   Coordinated with relimbursement sought (in-liend coordination)   Independent   Coordinated with relimbursement sought (in-liend coordination)   Independent   Coordinated with relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend coordination)   Independent   Coordinated without relimbursement sought (in-liend condition)   Independent   Coordinated without relimbursement sought (in-liend condition)   Independent   Coordinated without relimbursement sought (in-liend condition)   Independent   Coordinated without relimbursement sought (in-liend condition)   Independent   Coordinated without relimbursement sought (in-liend condition)   Independent   Coordinated without relimbursement sought (in-liend condition)   Independent   Coordinated without relimbursement sought (in-liend condition)   Independent   C	Name of Payee	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	AMARICA PHYSICIAN CANADA AND AND AND AND AND AND AND AND AN			March and a second		
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Purpose of Expenditure (by code) BNK Anedot Fees    Type of Expenditure (itemization in Addendum P Required unless "None of the below" is checked)   10.90			1 1				State	
Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure   Type of Expenditure			New Orleans		·		LA	70112
Experiditure #   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope of Expenditure   Tope	Purpose of Expenditure (by code)	· ·		Ever	nt#			Amount
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Coordinated without reimbursement sought (in-kind contribution)   Organization: eA e8 eC oD	(н арунсаме)		inde	-nenc	dant			
Anedot  Street Address 1340 Poydras Street    City   New Orleans		l <u>—</u>	_	•		oD		
City   New Orleans   City   New Orleans   City   Size   Zip Code   LA   70112	Name of Payee	A second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		Constitution of the	Date of Payment:			
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Purpose of Expenditure (by code) BNK Anedot Fees  Expenditure # (If applicable)   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   33.10   33.10      Type of Expenditure   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   33.10     Type of Expenditure   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   33.10     Type of Expenditure   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   33.10     Type of Expenditure   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure # (Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization in Addendum P Required unless "None of the below" is checked)   30.44     Type of Expenditure   Itemization i	Street Address		City				<del>                                     </del>	
Anedot Fees   BNK   Anedot Fees   Type of Expenditure   (Itemization in Addendum P Required unless "None of the below" is checked)   33.10	1340 Poydras Street		New Orleans	_			LA	70112
Expenditure # (Itemization in Addendum P Required unless "None of the below" is checked)	Purpose of Expenditure (by code)	i '		Ever	nt#			Amount
Mone of the below   Coordinated with reimbursement sought (joint expenditure)   Independent   Coordinated without reimbursement sought (in-kind contribution)   Organization: oA oB oC oD	BNK	Anedot Fees	·					
Name of Payee Tisane Euro Asian Cafe    Date of Payment:   Check #     Date of Payment:   Check #     Debit Card   EFT	Expenditure #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uired unless "None of the	ie bel	ow" is checked)		<b>†</b>	33.10
Coordinated without reimbursement sought (in-kind contribution)   Organization: oA oB oC oD	(н арунсашъ)	<u> </u>	inde	anone	dont			
Tisane Euro Asian Cafe    Check #   Debitic Card   DEFT		T	· —	anizat	tion: oA oB oC	οD		
Tisane Euro Asian Cate  Street Address  Street Address  Street Address  Street Address  City Hartford  CT 06105  Purpose of Expenditure (by code) FOOD  Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  CT 06105  Amount  Amount  Supering Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (in-kind contribution)  SUBTOTAL Section P — Thils Page  108.77	Name of Payee	/			Date of Payment:			
Street Address 537 Farmington Avenue    City	Tisane Euro Asian Cat	le			01/26/2023			
Furpose of Expenditure (by code) FOOD  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Type of Expenditure (Itemization in Addendum P 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)  SUBTOTAL Section P — This Page  108.77	Street Address		City					
FOOD   Fundraising Meeting	537 Farmington Avenu	ue	Hartford	_			СТ_	
FOOD Fundraising Meeting  Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P 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)  Coordinated without reimbursement sought (in-kind contribution)  Coordinated without reimbursement sought (in-kind contribution)  TOTAL of additional Section P Pages  25414.46	Purpose of Expenditure (by code)	Descriptions		Ever	nt #			Amount
(if applicable)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  SUBTOTAL Section P — This Page 108.77  TOTAL of additional Section P Pages 25414.46	FOOD	Fundraising Meeting	1					
Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD  SUBTOTAL Section P — This Page 108.77  TOTAL of additional Section P Pages 25414.46	Expenditure #	, , , , , , , , , , , , , , , , , , ,	uired unless "None of the	ie bel	ow" is checked)		•	30.44
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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	iitory)			TYPE O	FREPORT	
Lebron for Hartford					APR10	1	
	P. Expenses	Paid by Commit	ttee				
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Candice Dormon			1	01/15/2023	!	Debit Ca	
Street Address		City				State	Zip Code
26 Roydon Road		New Haven	·		!	СТ	06511
Purpose of Expenditure (by code)	Descriptions		Eve	ent #			Amount
WAGE	Staff Wage				_!		
Expenditure # (if applicable)	Type of Expenditure (Itemization In Addendum P Requ	iired unless "None of	the bei	low" is checked)		1	5,000.00
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	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	·	•	ation: oA oB oC			
Name of Payee				Date of Payment:		Method of F	
Anedot				03/31/2023		Debit Co	
Street Address		City		<u></u>		State	Zip Code
1340 Poydras Street		New Orleans	<b></b>		!	LA	70112
Purpose of Expenditure (by code)	Descriptions	)	Eve	ent #			Amount
BNK	Anedot Fees				1		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of	the be	low" is checked)			10.30
(п аррисаснь)	None of the below Coordinated with reimbursement sought (joint expendit	41.max	ndepend	-dani	1		
	Coordinated with reimbursement sought (joint expendit	_	-	ation: oA oB oC	oD		
Name of Payee				Date of Payment:		Method of F	
Anedot				03/26/2023		Debit C	
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans	~- <del></del>			LA	70112
Purpose of Expenditure (by code)	Descriptions		Eve	ent #	1		Amount
BNK	Anedot Fees					1.	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of	the be	low" is checked)			12.30
(н арунсаыс)	None of the below  Coordinated with reimbursement sought (joint expending	liture) 🔲 In	ndepend	rdent	'		
	Coordinated with reambursement sought (ball experior		-	ation: oA oB oC	οD		
Name of Payee				Date of Payment:		Method of F	•
Later				03/10/2023		Debit Ca	1
Street Address		City				State	Zip Code
88 West Pender Stree	et	Vancouver	-				V6B 6N9
Purpose of Expenditure (by code)	Descriptions		Eve	ent #			Amount
A-WEB	social media marketing						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of	the be	low" is checked)	,		18.00
(п аррисаме)	None of the below Coordinated with reimbursement sought (joint expending	literary [1]	Independ	dont	!		
	Coordinated with reimbursement sought (bint expending Coordinated without reimbursement sought (in-kind co		•	ation: oA oB oC	oD		
	SUE	BTOTAL Section F					5,040.60
	тота	L of additional Se	ection	ı P Pages		· · · · · · · · · · · · · · · · · · ·	20482.63
	TOTAL OF ALL EX	(PENSES PAID B)				J	25,523.23

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						YPE OF REPORT		
Lebron for Hartford				95 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 1950 Table 19	APR10			
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Name of Payee Anedot				Date of Payment: 02/14/2023		Method of P Check	#	
Street Address 1340 Poydras Street		City New Orleans			,	State	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Eve	ent#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated witho	iture) 🔲 Inc	depend		oD		15.90	
Name of Payee Sorella				Date of Payment: 01/10/2023		Method of P Check f Debit Ca	#	
Street Address 901 Main Street		City Hartford		,		State	Zip Code 06103	
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meeting		Eve				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below  Coordinated with reimbursement sought (joint expenditure) Independent  Coordinated without reimbursement sought (In-kind contribution) Organization: oA oB oC oD						131.81	
Name of Payee Anedot		Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Parameter and Pa		Date of Payment: 02/03/2023		Method of P Check # Debit Ca	#	
Street Address 1340 Poydras Street		City New Orleans					Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Eve	nt#			Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind co	iture) 🔲 Inc	depend	dent ation: oA oB oC	oD		48.90	
Name of Payee Anedot				Date of Payment: 01/28/2023		Method of P Check # Debit Ca	#	
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees			int#			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind c	iture) . 🔲 Inc	depend		oD		13.50	
	SUE	BTOTAL Section P	— T	his Page	**************************************		210.11	
	TOTAL	Lof additional Sec	ction	PRages			25313.12	
	TOTAL OF ALL EX (Enter total on Line	(RENSES)PAID)EX 1919, Column A of Summ	X 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				25,523.23	

Page	119 <sub>0f</sub>	131
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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illory)			TYPE O	FREPORT	
Lebron for Hartford					APR10		
	P. Expenses	Paid by Com	mittee				
Name of Payee	ACTION CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE			Date of Payment:		Method of I	
Hiram Cardona, Jr.				03/18/2023		☐ Debit C	
Street Address		City				State	Zip Code
189 O Connell Drive		East Hartford			·	CT	06118
Purpose of Expenditure (by code) FNDR	Descriptions Fundraising Event March 18		Ev	ent#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requiver None of the below  Coordinated with reimbursement sought (joint expending)	_	e of the be	·			200.00
	Coordinated without reimbursement sought (in-kind co	_		ation: oA oB oC	οD		
Name of Payee				Date of Payment:		Method of I	
Anedot				03/30/2023		<b>⊠</b> Debit C	ard EFT
Street Address 1340 Poydras Street		city New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code)	Descriptions		Ev	ent#	,		Amount
BNK	Anedot Fees		ľ				
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below  Coordinated with reimbursement sought (joint expenditure)  Independent  Coordinated without reimbursement sought (in-kind contribution)  Organization: oA oB oC oD					- D		11.50
Name of Payee	Cooldinated without reimbursement sought (in-wind ou	similation) E	J Olyaniz	Date of Payment:	OD.	Method of I	Payment
Anedot				01/18/2023		☐ Check ☑Debit C	
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	<u> </u>	Ev	ent #	1		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements)  None of the below	lired unless "Non	e of the be	elow" is checked)			8.30
	Coordinated with reimbursement sought (joint expending	_	Indeper	ndent ation: oA oB oC	-D		
Name of Payee	Coordinated without reimbursement sought (in-kind co	annuuttij L	Joganiz	Date of Payment:	JU	Method of I	Payment
Anedot				01/09/2023		☐ Check ☑Debit C	
Street Address	-	City		<u> </u>		State	Zip Code
1340 Poydras Street		New Orleans			:	LA	70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Ev	ent #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	iired unless "Non	e of the be	elow" is checked)			28.90
	Coordinated with reimbursement sought (joint expendi	_	] Indeper ] Organiz	ndent ation: oA oB oC	oD		
		TOTAL Section					248.70
	TOTAL	of additional	Section	n P Pages			25274.53
	TOTAL OF ALL EX (Enter total on Line						25,523.23

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NAME OF COMMITTEE	[ (Provide Complete Name as Registered with Filing Repo	sitory)		TYPEO	)F REPOR	T
Lebron for Hartford	SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION OF SUSTAINED AND ADMINISTRATION O	ESS (No. especially consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a consistence as a con	See Promot Prompto September	APR10	)	Tablemen treetil entre seesen
	P. Expenses	Paid by Committe	30	A COURSE PROPERTY.	and the wordings	
Name of Payee			Date of Payment:		Method of	•
Anedot			03/28/2023		Check	
Street Address		City			State	Zíp Code
1340 Poydras Street		New Orleans			LA	70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requision   None of the below Coordinated with reimbursement sought (joint expendicular Coordinated without reimbursement sought (in-kind co	liture) 🔲 Indep	e below" is checked) pendent anization: oA oB oC	oD		4.60
Name of Payee			Date of Payment:		Method of I	
Pistachio Cafe			03/29/2023		Debit C	
Street Address 911 Whalley Avenue		City New Haven	•		State CT	Zip Code 06515
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meals		Event #			Amount
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P 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: oA oB oC oD						5.29
Name of Payee			Date of Payment:		Method of I	
HFC Chicken & Pizza		· 	02/02/2023		Debit C	
Street Address 271 Farmington Avent	ue	City Hartford			State CT	Zip Code 06105
Purpose of Expenditure (by code)	Descriptions	-	Event #	1		Amount
FOOD	staff meal		ı	ļ		
Expenditure # (If applicable)	Type of Expenditure (Itemization In Addendum P Requint None of the below  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Indep	e below" Is checked) pendent inization: oA oB oC	oD		11.25
Name of Payee			Date of Payment:		Method of F	
Anedot	,		02/16/2023		Debit C	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees	-	Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requiver None of the below  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated with reimbursement sought with reimbursement sought with reimbursement sought (in-kind coordinated with reimbursement sought)	th reimbursement sought (joint expenditure)				
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	TOTAL	L of additional Secti	ion P Pages			25491.79
		PENSES PAID BY C			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25,523.23

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	stlory)			TYPE 0	F REPORT	rage 12:01 TOT
Lebron for Hartford					APR10		
	P. Expenses	Paid by Committe	ee				
Name of Payee			1	Date of Payment:		Method of I	
Candice Dormon				02/28/2023		Debit C	
Street Address		City				State	Zip Code
26 Roydon Road		New Haven				СТ	06511
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		Even	t#			Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Inde	epende	ŕ	oD		5,000.00
Name of Payee				Date of Payment:		Method of I	
Piggy's Cafe				03/22/2023		☐ Check ☑Debit C	
Street Address 69 Hawthorn Street		City Hartford				State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions Fundraiser March 18 2023	-	Even	t #			Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e belo	ow" is checked)			250.00
(If applicable)	Applicable)  None of the below Coordinated with reimbursement sought (joint expenditure) Independent						230.00
Name of Payee	Coordinated without reimbursement sought (in-kind co	ontribution) Orga		on: oA oB oC Date of Payment:	οD	Method of I	Paymont
Shenice Morris				01/17/2023		Check	#_90
Street Address 63 Huntington Street		City Hartford				State CT	Zip Code 06105
Purpose of Expenditure	Descriptions	<u> </u>	Even	t #			Amount
(by code) WAGE	Staff	!					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e belo	ow" is checked)			360.00
	Coordinated with reimbursement sought (joint expending		epende				
Name of Payee	Coordinated without reimbursement sought (in-kind co	ontribution)		on: oA oB oC  Date of Payment:	oD	Method of I	Pavment
Anedot				03/30/2023		☐ Check ☑Debit C	#
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans				LA	70112
Purpose of Expenditure (by code)	Descriptions Anedot Fees		Even	t #			Amount
BNK		visad unlana "Nana of th	La bala	will in absolved)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	uired uniess "None of thi	ie Deid	ow" is checked)			151.90
	Coordinated with reimbursement sought (joint expending	· · · · · · · · · · · · · · · · · · ·	epende		_		
	Coordinated without reimbursement sought (in-kind co	ontribution) Orga BTOTAL Section P -		on: oA oB oC	<b>o</b> D		5,761.90
	ТОТА	L of additional Sect	tion	P Pages			19761.33
		PENSES PAID BY (					25,523.23

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT		
Lebron for Hartford				APR10			
	P. Expenses	Paid by Committe	00				
Name of Payee New York Deli and Mo	ore		Date of Payment: 01/26/2023	Shirt the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the con	Method of F Check	#	
Street Address 242 Trumbull, Street		City Hartford		,	State CT	Zip Code 06103	
Purpose of Expenditure (by code) FOOD	Descriptions staff meal		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	ependent anization: oA oB oC	STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,		25.94	
Name of Payee Anedot			Date of Payment: 03/16/2023	_	Method of P Check i Debit Ca	#	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requine None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	e below" is checked) ependent anization: oA oB oC	oD		38.50	
Name of Payee			Date of Payment:		Method of P	•	
Chowder Pot			02/11/2023		Check	· · · · · · · · · · · · · · · · · · ·	
Street Address 165 Brainard Road		City Hartford			State CT	Zip Code 06114	
Purpose of Expenditure (by code) FOOD	Descriptions		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Inde	e below" is checked) ependent anization: oA oB oC	oD		7.51	
Name of Payee Anedot			Date of Payment: 01/04/2023		Method of P Check # Debit Ca	¥	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requine None of the below  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Inde	e below" is checked) ependent anization: oA oB oC	οD		117.71	
	SUB	ETOTAL Section P	— This Page	······································	,	189.66	
	TOTAL	Lof additional Sect	lion P Pages			25333.57	
	TOTAL OF ALL EX (Enter-total on Une	(PENSIES PAID BY ( 19, Column A of Summa			<del></del>	25,523.23	

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illary)			TYPEO	REPORT	,	
Lebron for Hartford					APR10			
	P. Expenses	Paid by Commit	tee					
Name of Payee		College Constraint and an area and an area and an area and an area and an area and an area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area and area area.	100mm	Date of Payment:	The second second second second second second second second second second second second second second second se	Method of F		
TKH Global Consulting	g		ļ	02/11/2023		Debit C		
Street Address		City				State	Zip Code	
33 Ward Place		Hartford				СТ	06106	
Purpose of Expenditure	Descriptions		Eve	ent#			Amount	
(by code) A-OTH	Ad in Fundraiser Ad Book							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of to	he be.	low" is checked)			125.00	
(if applicable)	None of the below	_					120.00	
	Coordinated with reimbursement sought (joint expendi	_	depend		. 5			
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) Oit	janiza	ation: oA oB oC Date of Payment:	0บ	Method of F	Pavment	
TKH Global Consulting	ď			02/03/2023		☐ Check #		
	9			02/00/2020		X Debit C	ard DEFT	
Street Address		City				State	Zip Code	
33 Ward Place		Hartford				CT	06106	
Purpose of Expenditure (by code)	Descriptions		Eve	ent#			Amount	
ATT	2 Fundraiser tickets							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of t	he be	low" is checked)			153.76	
(if applicable) None of the below								
Coordinated with reimbursement sought (joint expenditure) Independent  Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD								
Name of Payee	Coordinated without reimbursement sought (in-kind co	nthough) Cre	Jäline	Date of Payment:	טט	Method of F	<sup>2</sup> ayment	
Anedot				02/16/2023		Check	#	
		<u> </u>		02 (0,300		<b>⊠</b> Debit C	ard DEFT	
Street Address 1340 Poydras Street		City				State	Zip Code	
•		New Orleans				LA	70112	
Purpose of Expenditure (by code)	Descriptions		Eve	ent #			Amount	
BNK	Anedot Fees							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of to	he be	low" is checked)		r	19.20	
(if applicable)	None of the below	<b>—</b>						
	Coordinated with reimbursement sought (joint expendi		depend	dent ation: oA oB oC	aD.			
Name of Payee	Conditiated without tellinguisement sought fill-with so	ninedion, — — Ois	Jane	Date of Payment:	עט	Method of F	Pavment	
Bonfire				02/15/2023		☐ Check	#	
		<b>1</b>				⊠Debit C		
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Descriptions		Eve	ent#			Amount	
MISC	Campaign Shirts and sweatshirts							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	iired unless "None of t	he be	low" is checked)		,	476.13	
(if applicable)	None of the below	_						
	Coordinated with reimbursement sought (joint expendi		depend centra	dent ation: oA oB oC	aD			
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	SUL	ITOTAL Section P	- 1	his Page			774.09	
	TOTAL	L of additional Sec	etion	P Pages			24749.14	
	TOTAL OF ALL EX	DENGES PAID BY	CO	MMDTEE				
		19, Column A of Sumn					25,523.23	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT		
Lebron for Hartford				APR10	R10		
	P. Expenses	Paid by Committ	ee				
Name of Payee			Date of Payment:		Method of Check		
Anedot		•	02/27/2023		X Debit C	ard DEFT	
Street Address 1340 Poydras Street		City New Orleans		,	State LA	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #			Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated wi	liture) 🔲 Inde	pendent anization: oA oB oC	oD		28.50	
Name of Payee			Date of Payment:		Method of I		
Anedot ,			01/25/2023		Debit C		
Street Address 1340 Poydras Street		City New Orleans	ı	·	State LA	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #			Amount	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" Is checked)  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization: oA oB oC oD						1.30	
Name of Payee			Date of Payment:		Method of I	•	
Anedot			01/04/2023		L Check ⊠Debit C	•	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #			Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Inde	e below" is checked)  ppendent anization: oA oB oC	oD		16.90	
Name of Payee			Date of Payment:		Method of F		
Qarun Nixon	,		03/18/2023	•	Debit C		
Street Address 114 Ashley Street #2B		City Hartford			State CT	Zip Code 06105	
Purpose of Expenditure (by code) FNDR	Descriptions Fundraiser March 18 2023		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Ilemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind or	iture) ' 🔲 Inde	e below" is checked)  opendent anization: oA oB oC	σD		150.00	
	SUE	TOTAL Section P	— This Page			196.70	
	TOTAL	Lof additional Sec	lion P Pages			25326.53	
		PENSES PAID BY (				25,523.23	

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illory)		7	TYPE O	FREPORT	. age of
Lebron for Hartford					APR10	)	
	P. Expenses	Paid by Commit	ee				
Name of Payee				Date of Payment:		Method of F	
Aqui Me Quedo			_	01/21/2023		☑ Ontock	
Street Address		City				State	Zip Code
150 Albany Avenue		Hartford				СТ	06120
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meeting		Eve	nt#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below  Coordinated with reimbursement sought (joint expending)		<i>ie be.</i> epend	•			70.80
	Coordinated without reimbursement sought (in-kind co	entribution) Org	aniza	ation: oA oB oC	οD	34.451 . CF	
Name of Payee Anedot				Date of Payment: 01/20/2023		Method of F	
				01/20/2023		Debit C	ard DEFT
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code)	Descriptions		Eve	ent #			Amount
BNK	Anedot Fees						
Expenditure # (If applicable)	f applicable)  None of the below  Coordinated with reimbursement sought (joint expenditure)						49.50
Name of Payee	Coordinated without reimbursement sought (in-kind co	ontribution)	aniza	tion: oA oB oC  Date of Payment:	οD	Method of F	Pavment
Pistachio Cafe				03/29/2023		Check	#
Street Address 911 Whalley Avenue		City New Haven				State CT	Zip Code 06515
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meals		Eve	ent#	**		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirements None of the below	_		•			17.16
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co		epen aniza	dent ation: oA oB oC	oD		
Name of Payee				Date of Payment:		Method of F	
Destiny Awaits				01/12/2023		Debit C	
Street Address 3343 Main Street		City Hartford				State CT	Zip Code 06120
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meeting		Eve	ent#			Amount
Expenditure # (if applicable)	Type of Expenditure (Ilemization in Addendum P Require)  None of the below	uired unless "None of ti	te be	low" is checked)			25.00
	Coordinated with reimbursement sought (joint expend	_	epene janiza	dent ation: oA oB oC	οD		
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		of additional Sec					25360.77
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY 19, Column A of Summ					25,523.23

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	s(fory)		TYPEC	OF REPORT	
Lebron for Hartford				APR10	)	
	P. Expenses	Paid by Committe	<b>36</b>		FULL COMMANDE	State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state
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Anedot			03/23/2023		Check	
Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans		,	LA	70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees					1
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked	ŋ	†	85.30
(if applicable)	None of the below	<b>5</b>				
	Coordinated with reimbursement sought (joint expendi	· = '	ependent anization: oA oB c	^ -D		
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) 🗀 Organ	Date of Paymen		Method of F	
Anedot			03/18/2023		Check	#
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Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans	·		LA	70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees	ļ	l			
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked	<i>n</i>	†	88.90
(if applicable)	None of the below				}	00.30
	Coordinated with reimbursement sought (joint expendi		ependent	Í		
	Coordinated without reimbursement sought (in-kind co	intribution) U Organ	anization: oA oB o		State of I	1
Name of Payee			Date of Paymen		Method of P	•
Anedot			03/10/2023		⊠Debit Ca	
Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans		,	LA	70112
Purpose of Expenditure	Descriptions		Event #	, , , , , , , , , , , , , , , , , , , ,		Amount
(by code) BNK	Anedot Fees		İ	•		
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	o helow" is checked	n	1	53.90
(if applicable)	None of the below	nea unuos	· puon	,		53.90
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Name of Payee			Date of Paymen		Method of P	
Nick Lebron			03/14/2023	ı	Debit Ca	•
Street Address		City			State	Zip Code
192 Laurel Street	1	Hartford	<u> </u>		СT	06105
Purpose of Expenditure (by code)	Descriptions		Event #	,		Amount
LOAN .	Loan repayment		Ė	,		
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e below" is checked	<i>I</i> )	† ,	1,000.00
(if applicable)	None of the below			ı		1000.00
	Coordinated with reimbursement sought (joint expendi		ependent			
Marie Marie Marie 2005 v 140 mily	Coordinated without reimbursement sought (in-kind co		anization: oA oB o	C oD		manya wasan manakari asan sa sa sa sa sa sa sa sa sa sa sa sa sa
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		L of additional Secti		<u> </u>	an and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	21295.13
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPI					TYPE O	REPORT	- age
Lebron for Hartford	•				APR10		
	P. Expenses I	Paid by Comm	nittee			ili.	
Name of Payee				Date of Payment:		Method of F	
MailChimp				01/03/2023		<b>⊠</b> Debit C	ard EFT
Street Address 675 Ponce De Leon A	venue Northeast Suite 5000	City Atlanta				State GA	Zip Code 30308
Purpose of Expenditure	Descriptions	,	Eve	ent#		<u> </u>	Amount
(by code) A-OTH	email marketing						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	rired unless "None o	of the be	low" is checked)	•		24.09
	Coordinated with reimbursement sought (joint expendi		Independ				
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) 🔲	Organiza	ation: oA oB oC  Date of Payment:	οD	Method of F	<sup>2</sup> avment
Shenice Morris				01/17/2023		☑ Check ☐Debit C	#_90
Street Address		City				State	Zip Code
63 Huntington Street	Huntington Street Hartford				СТ	06105	
Purpose of Expenditure (by code)	Descriptions		Eve	ent#			Amount
WAGE	Staff Wage						
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  (if applicable)							360.00
Wone of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent							1
	Coordinated without reimbursement sought (in-kind co	_		ation: oA oB oC	oD		
Name of Payee				Date of Payment:		Method of F	
Iris Sanchez				03/13/2023		☐Debit C	ard EFT
Street Address 238 Forest Dr		City Wethersfield				State CT	Zip Code 06109
Purpose of Expenditure	Descriptions	<u> </u>	Eve	ent#			Amount
(by code) REF	Refund because she went over the limit. Cash	refund from					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None o	of the be	low" is checked)	***	•	100.00
(п аррисавлеу	None of the below  Coordinated with reimbursement sought (joint expendi	ture)	Independ	dent			
	Coordinated without reimbursement sought (in-kind co	·	•	ation: oA oB oC	οD		
Name of Payee				Date of Payment:		Method of F	
Anedot				03/23/2023		Debit C	
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans				LA	70112
Purpose of Expenditure (by code)	Descriptions		Eve	ent #			Amount
BNK	Anedot Fees	<u>.</u>					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	iired uniess "None d	of the be.	low" is checked)			16.90
	Coordinated with reimbursement sought (joint expendi	· -	Independ				
	Coordinated without reimbursement sought (in-kind co	ntribution)	Organiza	ation: oA oB oC	oD		
		TOTAL Section					500.99
		of additional S					25022.24
	TOTAL OF ALL EX (Enter total on Line						25,523.23

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NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE O	F REPORT	
Lebron for Hartford		To the fact the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the same with the		APR10	)	All the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th
	P. Expenses	Paid by Committe	30			
Name of Payee			Date of Payment:	37/200	Method of F	
Anedot			01/30/2023		Debit C	
Street Address 1340 Poydras Street		City New Orleans		,	State LA	Zip Code 70112
Purpose of Expenditure	Descriptions		Event #	*	-/:	Amount
(by code) BNK	Anedot Fees		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture) 🔲 Indep	•	nD		4.30
Name of Payee	Octobilities without transcribed as 25th for many 25th	antibutory Organ	Date of Payment:		Method of F	
Shenice Morris			02/14/2023		Check	
Street Address 63 Huntington Street		City Hartford			State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Bi-Weekly wages	F	Event #		,	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	helow" is checked)	——	<del> </del>	477 GO
(if applicable)  None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD						477.60
Name of Payee			Date of Payment:		Method of F	
Anedot			02/17/2023		Check	
Street Address 1340 Poydras Street		City New Orleans				Zip Code 70112
Purpose of Expenditure	Descriptions	<u> </u>	Event#			Amount
(by code) BNK	Anedot Fees					,
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Regulation in Addendum P Regulation None of the below Coordinated with reimbursement sought (joint expendituded Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indep	e below" is checked) pendent nization: oA oB oC	oD		4.30
Name of Payee			Date of Payment:		Method of P	
Anedot	,		03/07/2023		Debit Co	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112
Purpose of Expenditure (by code)	Descriptions Anedot Fees	E	Event #	,		Amount
BNK			- t-slave in shooked		1	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind co	liture) 🗀 Indep	pendent anization: oA oB oC	oD		2.00
		aronal SectionP –				488,20
	TOWA	L of additional Secti	ion P Pages			25035.03
		(PENSES PAID BY C				25,523.23

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	illary)		TYPE OF	REPORT
Lebron for Hartford	proper semple common regimes are an experience			APR10	escer Ones
	P. Expenses	Paid by Committe	20		
Name of Payee			Date of Payment:	I	Method of Payment
Anedot			03/02/2023		Check #
			03/02/2023		☑Debit Card ☐ EFT
Street Address		City			State Zip Code
1340 Poydras Street		New Orleans			LA 70112
Purpose of Expenditure	Descriptions		Event #		Amount
(by code) BNK	Anedot Fees				
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ived unless "Mong of th	halow" in absolved		
(if applicable)	Type of Expenditure (Itemization in Addendum P Requi	iirea uniess None Oi (i)	e below 13 thetheuj		6.60
	Coordinated with reimbursement sought (joint expendi	ture) Inde	ependent		
	Coordinated without reimbursement sought (in-kind co	ntribution) 🔲 Orga	anization: oA oB oC		
Name of Payee			Date of Payment:		Method of Payment
Integrated Solutions: F	Political		01/15/2023	,	☐ Check # ☑ Debit Card ☐ EFT
Street Address		City			
4142 Adams Avenue	Suite 103-550	San Diego			State Zip Code CA 92116
0.11800000		Can Diego	T		
Purpose of Expenditure (by code)	Descriptions		Event #		Amount
OVHD	Client Management System				
Expenditure #		290.32			
(if applicable)	None of the below				
	Coordinated with reimbursement sought (joint expending		ependent	_	
Name of Payee	Coordinated without reimbursement sought (in-kind co	intribution)	anization: oA oB oC Date of Payment:		Method of Payment
-	phian		•		Check #
Sign Wiz Signs & Gra	ornes		03/31/2023		☑Debit Card ☐ EFT
Street Address		City			State Zip Code
2327 Berlin Turnpike		Hartford			CT 06114
Purpose of Expenditure	Descriptions		Event #		Amount
(by code)					
PRNT					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	urea uniess "None of th	ie below" is checked)		290.34
	Coordinated with reimbursement sought (joint expendi	ture) 🔲 Inde	ependent		
	Coordinated without reimbursement sought (in-kind co	-	anization: oA oB oC	οD	
Name of Payee			Date of Payment:		Method of Payment
Dunkin			03/14/2023		☐ Check # ☑Debit Card ☐ EFT
Street Address		City			
1399 Dixwell Avenue		Hamden			State Zip Code CT 06514
			E		
Purpose of Expenditure (by code)	Descriptions		Event #		Amount
FOOD	Staff Meals				
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of th	e below" is checked)		5.56
(if applicable)	None of the below	_			
	Coordinated with reimbursement sought (joint expending		ependent	_	
	Coordinated without reimbursement sought (in-kind co		anization: oA oB oC	0D	
100	SUE	TOTAL Section P	— This Page		592.82
		Ad additional Co	Non B Pare		04000 44
	IUIAI	_of additional Sec	non r rages		24930.41
	TOTAL OF ALL EX	PENSES PAID BY	COMMITTEE		25,523.23
	(Enter total on Line	19, Column A of Summ	ery Page Totals)		£0,3£0.20

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		December 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 September 10 Septem					Page 1990 131
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sitory)			TYPEO	F REPORT	<b>r</b>
Lebron for Hartford					APR10		
	P. Expenses	Paid by Commi	ttee				
Name of Payee				Date of Payment:		Method of I	Payment
MailChimp				03/31/2023		Check	#
		<b>-</b>				⊠Debit C	ard EFT
Street Address		City				State	Zip Code
675 Ponce De Leon A	Avenue Northeast Suite 5000	Atlanta			,	GA	30308
Purpose of Expenditure	Descriptions	J	Ever	nt #			Amount
(by code)	email marketing						
A-OTH						ļ	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Regu	uired unless "None of	the belo	ow" is checked)			26.77
(, , ,	None of the below	iture) 🔲 In		k			
:	Coordinated with reimbursement sought (joint expend		rdepend roanizat	tion:oA oB oC	αD		
Name of Payee	— coordinated Without Formitted Control of the Mills of		rguri,zut	Date of Payment:		Method of F	Payment
Anedot				02/16/2023		Check	#
,				02/10/2020		X Debit C	ard EFT
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans				LA	70112
Purpose of Expenditure	Descriptions		Ever				Amount
(by code)	Anedot Fees						
BNK	Affectives	•				l	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)							7.00
(if applicable)	None of the below						
	Coordinated with relmbursement sought (joint expendi		depend		_		
N	Coordinated without reimbursement sought (in-kind co	ntribution) U Or	Color of the Street Color of	ion: oA oB oC	oD	Method of F	Town on the
Name of Payee			,	Date of Payment:		Check	
Anedot				03/07/2023		☑Debit C	ard DEFT
Street Address		City		-		State	Zip Code
1340 Poydras Street		New Orleans				LA	70112
Purpose of Expenditure	Descriptions	- Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Cons	Even	st #			Amount
(by code)			LVE	N #			
BNK	Anedot Fees						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of	the belo	ow" is checked)			4.30
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expendi		depend				
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Coordinated without reimbursement sought (in-kind co	ntribution) 🔲 Or		ion: oA oB oC	oD		
Name of Payee			1	Date of Payment:		Method of F	
Howard Fair	,			03/07/2023		Debit C	
Street Address	/ /	City				State	Zip Code
896 Asylum Avenue		Hartford				CT	06105
-	1		-1_			<u> </u>	
Purpose of Expenditure (by code)	Descriptions		Even	nt#		ĺ	Amount
WAGE	Staff Wage						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of	the belo	ow" is checked)	_		200.00
(if applicable)	None of the below						200.00
	Coordinated with reimbursement sought (joint expend	ture) ' 🔲 In	depend	ent			
	Coordinated without reimbursement sought (in-kind co	ntribution) 🔲 O	rganizat	ion: oA oB oC	οD		
	SUE	TOTAL Section F	Р — TÎ	his Page			238.07
	ATOTA	of additional Se	etion	P Pages		-	25285.16
	TOTAL OF ALL EX	PENSES PAID EX				Ag. 18 - 11 - 12 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	25,523.23
	(Enter total of Line	raj comini a oi sum	undiy E	Se incigio)			

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NAME OF COMMITTEE	[Provide Complete Name as Registered with Filing Repos	sitony)		TYPE	OF REPORT	rage or ion
Lebron for Hartford				APR1	0	
	P. Expenses	Paid by Committe	96			
Name of Payee Shenice Morris			1	Payment: 9/2023	Method of Check	#_95
Street Address 63 Huntington Street		City Hartford	•		State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Bi-Weekly wages		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expendirement Coordinated without reimbursement sought (in-kind co	iture) 🔲 Inde	ependent anization: oA	oB oC oD		523.60
Name of Payee			1	Payment:	Method of	
Aqui Me Quedo			03/07	7/2023	<b>⊠</b> Debit C	
Street Address 150 Albany Avenue		City Hartford			State CT	Zip Code 06120
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meals		Event #			Amount
Expenditure # (if applicable)  Type of Expenditure (ItemIzation in Addendum P Required unless "None of the below" is checked)  None of the below  Coordinated with reimbursement sought (joint expenditure) Independent  Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD						21.60
Name of Payee			Date of	Payment:	Method of	
Costco			02/24	1/2023	☑ Onebit C	
Street Address 1718 Boston Post Roa	ad	City Milford			State CT	Zip Code 06460
Purpose of Expenditure (by code) FNDR	Descriptions House Party - food		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Inde	ependent	checked)		92.25
Name of Payee			Date of	Payment:	Method of Check	
Anedot			03/22	2/2023	<b>⊠</b> Debit C	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #	<del></del> -		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Requ None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture) 🔲 Inde	ependent	checked)		24.90
	SUE	TØTAL Section P	— This Pa	ige		662.35
	TOTAL	of additional Sect	tion P Pag	jes		24860.88
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY ( 19, Column A of Summi				25,523.23

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