Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

	Page 1 of 37
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Do Not Mark in This Space For Official Has Only	
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COVER PAGE										
1. NAME OF COMMITTEE										
Lebron for Hartford										
2. TREASURER NAME										
First Dean	MI	Last		Suffix						
3. TREASURER ADDRESS		J volice								
Street Address		City	State	Zip						
423 Barbour Street		Hartford	СТ	06120						
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	ly if Candidaté Committee)	6	DISTRICT NUMBER						
(mm/dd/yyyy) 09/12/2023	Mayor		(1)	f applicable)						
7. CANDIDATE NAME (Compare only if Ca	ndidate of Exploratory Committee)									
First Nick	MI	Last Lebron		Suffix						
B. TYPE OF REPORT (Ichack One Box)	Sequence (acceptance of the contraction of the cont									
	☐7th day preceding primary	☐7th day preceding referendum	☐ Initial Contributi	on or Disbursement						
☐ April 10 filing	☐ 30 days following primary	☐45 days following referendum	(PACs ONLY)							
☐ July 10 filling	☐7th day preceding election	Deficit	Amendment to							
October 10 filing	12th day preceding election (State Central Committees Only)	☐ Termination	Type of Report	303						
24 Hour Independent Expenditure Primary Election	45 days following election not held in November			IN THE CITY CONTROL OF THE CONTROL O						
9. PERIOD COVERED				30 20						
	Beginning Date	Ending Date								
	12/01/2022	thru 12/31/2022								
10. CERTIFICATION		P.								
I hereby certify and state, under per Disclosure Statement for the period	nalties of false statement, that od covered is true, accurate an	all of the information set forth on the complete.	nis Itemized Campa	aign Finance						
TREASURER OR DEPUTY TREASURER (SIGNATURE) Det Get Red 10 7 00 3 3 10 7 00 3 3 10 7 00 3 3 10 7 00 3 3 10 7 00 3 3 10 7 00 3 3 10 10 7 00 3 3 10 10 10 10 10 10 10 10 10 10 10 10 10										
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statues faces a civil penalty or imprisonment or both.										

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered unit Filing Repository)	TYPE OF REPORT	
Lebron for Hartford	JAN10	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	9,147.83	9,147.83
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	4,000.00	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)	13,147.83	13,147.83
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	13,147.83	13,147.83
19. Expenses Paid by Committee (Section P)	470.58	470.58
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	12,677.25	12,677.25
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)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	.00	.00
25. Loan Balance	0.00	
25a. 🕇 Loans Received (Section D)	4,000.00	4,000.00
25b. 🕂 Interest and Penalties on Loan	0.00	0.00
25c. Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	4,000.00	
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)	10,000.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	10,000.00	

I. MONETARY RECEIPTS (Sections A - K)

Page 3 of 37

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with	Filing Repos	itory)	- Control of the Control			TYPE OF	REPORT		
Lebron for Hartford								- (10)	JAN10			
A. Total Contributio (See instructions for definition	A SECTION AND THE PARTY OF			Service of the servic			riod ONLY SECTION A	\$			0.00	
	20 Service Service (1990)							and the second s		200-1		
	(44 Sec. 2)		B. Itemizer	l Contrib	utic	ns iro	m individua	ils				
Last Name					First						MI	
Bikakis					Mar	iam						
Residential Street Address										State	Zip Cade	
232 Mill Street	2 Mill Street									СТ	06037	
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 as		ed with ha	ave a contract with	h said municipality		Amour	nt of Contribution	
Is this contribution associated with	Y		Is contributor a prin		ite con		Yes XN		Yes			
an event reported in Section L1?	ΣN		If yes, indicate w	vhich branch	or bra			Legislative	X No		5.00	
If yes, list Event # Method of Contribution:			Or government u	ne comiaci s	yviui.	Date Re		Aggregate Cont				
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Scott		Quin										
Residential Street Address	The same of the sa			· · · · · · · · · · · · · · · · · · ·	City State						Zip Code	
19 Warrenton Ave			Hart	ford				СТ	06105			
Principal Occupation Name of Employer												
Chauffeur Limo												
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Last Name					First						MI	
Speiller					Len	пy						
Residential Street Address					City			·····		State	Zip Code	
337 McKinley Avenue					New	Haven				CT	06515	
Principal Occupation							Name of Employ	er				
Director of Communications				w	· · · · · · · · · · · · · · · · · · ·		City of New H	laven				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes 図No	does cor	oution is in excess of s atributor or business i it more than \$5,000?	he/she is ass		ed with he		said municipality	/ .	Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?								100.00			
If yes, list Event #	If yes, indicate which branch or branc of government the contract is with:						Executive [Legislative	X No		100.00	
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Page 4 of 37

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Powell				ļ	Jain	ne					
Residential Street Address	· · · · · · · · · · · · · · · · · · ·				City					State	Zip Code
191 Elizabeth Street		Hartford									06105
Principal Occupation		Victoria.	<u> </u>				Name of Employe	/er		<u> </u>	<u></u>
Registered Nurse				·		-	St. Francis Hr	lospital and Me	dical Cen	iter	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	ibution is in excess of S antributor or business t at more than \$5,000?	he/she is ass		ted with ha		h said municipality	7,	Amour	nt of Contribution
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Rivera	vera Jessica										
Residential Street Address	****				City	<u> </u>	***************************************			State	Zip Code
97 Lincoln Street Hartford										СТ	06106
Principal Occupation		Control of the contro				-	Name of Employe	er	300000000000 0	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	bution is in excess of \$ ontributor or business hat more than \$5,000?	he/she is ass		ed with ha		n said municipality	,	Amour	nt of Contribution
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Torres Roman						ander		•		!	(vn)
Residential Street Address					City		***************************************			State	Zip Code
44 Peila Drive				J	1 '	ncheste	o r		1	1	06040
Principal Occupation							Name of Employe	or		<u></u>	
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			(Enter total on Lin	ie 13, Colu	imn#	A of Sur	nmary Page To	tals)			0,111,100

I. MONETARY RECEIPTS (Sections A - K)

Page 5 of 37

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with I	iling Repos	itory)		W. W.		TYPE OF	REPORT	AND THE STATE OF T	
Lebron for Hartford									JAN10	-		
A. Total Contributio (See Instructions for definition						CONTRACTOR AND ADDRESS OF	riod ONLY SECTION A	\$			0.00	
			B. Itemized	Contrik	utic	ons fro	m Individua	ls				
Last Name Grant					First	-					MI	
Grant	·····		<u>,</u>		Dav					T		
Residential Street Address 205 Birchwood Dr					City New	v Britair	n			State CT	Zip Code 06052	
Principal Occupation			<u></u>			V 1000 1	Name of Employe	or		<u> </u>	00002	
Education Hartford Public Schools												
ts 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										Amour	nt 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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Luna Victor										_		
										State	Zip Code	
17 Chapin Pl					Hart	tford			_	СТ	06114	
Principal Occupation Name of Employer												
Entertainment Luna Ent. Prod. 2023												
ts contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$ ontributor or business f at more than \$5,000?			ed with ha		said municipality	6	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?	.، سا		Is contributor a princ				r prospective state	contractor?	Yes	1		
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Residential Street Address					City				_	State	Zip Code	
18 Northbrook Dr	····]	Wes	st Hartfo				СТ	06117	
Principal Occupation Ordered selector					·		Name of Employe Aldis distributi		······································		Alekson man en	
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I. MONETARY RECEIPTS (Sections A - K)

Page 6 of 37

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Lebron for Hartford					- Section Sections	- Annie - Consultation - Consultatio			JAN10		
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Residential Street Address		4			City					State	Zip Code
317 East Middle Tpke				1	1 .	ncheste	ır		i	CT	06040
Principal Occupation	***************************************				<u></u>		Name of Employ	· COF			00040
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Is contributor a lobbyist, spouse,	Yes		ibution is in excess of \$				hief executive office	cer of a municipality		Amou	nt of Contribution
or dependent child of a lobbyist?	∐Yes ∑No	does co	ontributor or business h at more than \$5,000?			ed with ha		h said municipality			K OI OOM
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Residential Street Address											Zip Code
36 W Raymond St				1	Hart				,	State CT	06112
Principal Occupation	·				<u></u>		Name of Employe	rar		L	100
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Is contributor a lobbyist, spouse,	Yes	If contri	bution is in excess of \$	\$400 to a ca	ndidat	ie for a ch	lef executive office	per of a municipality	<i>J</i> .	Amour	nt of Contribution
or dependent child of a lobbyist?	☐ Yes X No	does co	ontributor or business he at more than \$5,000?	ie/she is ass	sociate	ed with ha	ave a contract with	h said municipality	<i>'</i> 1		n or occur.
ts this contribution associated with			is contributor a princi	inal of a etc	'> cor		Yes XN		Yes	1	
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Residential Street Address 18 Lostbrook Rd				,	City	st Hartfo	~~~		J	State	Zip Code
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Principal Occupation Teacher							Name of Employe				4
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ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	L Yes	does cor	bution is in excess of \$4 ontributor or business he at more than \$5,000?			ed with ha		h said municipality	'	Amoun	nt of Contribution
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I. MONETARY RECEIPTS (Sections A - K)

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Lebron for Hartford	All Maring year				25		1	JAN10		
A. Total Contributio			ill Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00
			B. Itemized Contril	butic	ns fro	m Individua	ls			
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Alfaro		+100-2000-00-00-00-00-00-00-00-00-00-00-00		Jose	a				-	-
Residential Street Address		8	Market To See Line Control of the Co	City		- · · ·	Perculance		State	Zip Code
415 Butternut St NW 8	· · · · · · · · · · · · · · · · · · ·			Was	shingtor	ภ			DC	20012
Principal Occupation				_	!	Name of Employe		-		
Latino Engagement			<u></u>			Everytown for				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes 図No	does con	ibution is in excess of \$400 to a ca contributor or business he/she is as at more than \$5,000?	ındidat sociate	ed with ha	hief executive office ave a contract with Yes XNo	said municipality		Amoun	nt of Contribution
ts this contribution associated with an event reported in Section L1?	·	The state of the s	Is contributor a principal of a sta			r prospective state	contractor?	Yes		
If yes, list Event #	ΧN	0 !	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ Nò		100.00
Method of Contribution:					Date Re		Aggregate Contrib	- 1		
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Residential Street Address			NAME OF THE PARTY	City		KIRING THE STATE OF THE STATE O	Ministration of the second		State	Zip Code
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Principal Occupation Public Works						Name of Employe			_	
		Lu contril	bution is in excess of \$400 to a ca	·4ida/	·- for a ol	City of Hartford			T	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Tres	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 ha		said municipality		Amoun	nt of Contribution
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I. MONETARY RECEIPTS (Sections A - K)

Page 8 of 37

NAME OF COMMITTEE (Pro	vide Compl	lete Nam	e as Registered with F	-iling Répos	itary)				TYPE OF I	REPORT		
Lebron for Hartford									JAN10	NAME AND STREET		
A. Total Contributio						2011/2013 A 1800 A 1800	riod ONLY SECTION A	\$			0.00	
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Principal Occupation					_		Name of Employ					
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is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes Yes You 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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Bond	ì									!		
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14 Harbour Close New Haven									!	СТ	06519	
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Director							City of New H					
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I. MONETARY RECEIPTS (Sections A - K)

Page 9 of 37

NAME OF COMMITTEE (Provide Complete	le Name as Régistered with Filing	i Flepository)		John Williams Andrews	NATIONAL PROPERTY AND ADDRESS OF THE PERSON NATIONAL PROPERTY AND	TYPE OF	REPORT			
Lebron for Hartford					J	JAN10				
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I. MONETARY RECEIPTS (Sections A - K)

Page 10 of 37

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I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE 1840	vide Conj	ilete Nam	e as Registered with Filing Repos	ilory)				TYPE OF	REPORT		
Lebron for Hartford								JAN10			
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	endent child of a tobbyist? does contributor or business he/she is associated with have a contract with said municipality										
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I. MONETARY RECEIPTS (Sections A - K)

Page 14 of 37

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I. MONETARY RECEIPTS (Sections A - K)

Page 15 of 37

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I. MONETARY RECEIPTS (Sections A - K)

Page 16 of 37

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Page 17 of 37

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

Page 18 of	37
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE									TYPE OF REPORT		
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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)				TYPE OF	REPORT	
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Project Manager							CT Historical				
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Principal Occupation							Name of Employ	v t		· ·	00107
Executive director							International				
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 \$5,000?	he/she is ass		ed with ha		n said municipality		Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1?		Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative									1,000.00
If yes, list Event # Method of Contribution:	SD With the section was a section of the section of		or government.	76 DUIMEDE	wia.	Date Re		Aggregate Contri		•	
☐Cash ☐Personal Check 🖾 C	redit/Debit	Card 🔲	Payroll Deduction	Money O	rder	12/21/		1,000.0	1		
				SUBTO)TAI	L Sect	ion B - This	Page			1,075.00
			τ.	OTAL of	addi	itional	Section B I	Pages			8072.83
TOTALO	FALL		RIBUTI <mark>ON</mark> S FI (Enter total on LI								9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 20 of 37

NAME OF COMMITTEE (Pro	vide Comp	lelê Nam	as Registered with Filing	Reposito	(37)				TYPEOF	REPORT		
Lebron for Hartford	-								JAN10			
A. Total Contributio							iod ONLY SECTION A	\$			0.00	
and the second and the particles of the same			B. Itemized Co	ntribu	tior	ns from	n Individus	ils				
Last Name Diaz				- 1	First Glady	vs		and the second s			MI	
Residential Street Address			Angerman and Anger		City	***************************************				State	Zip Code	
52 Curtis St					lartfo	ord				СТ	06106	
Principal Occupation							Name of Employ	/er		· · · · · · · · · · · · · · · · · · ·		
Homemaker							unemployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does co	oution is in excess of \$400 ntributor or business he/sh it more than \$5,000?			d with hav		h said municipality	<i>,</i>	Amount of Contribution		
Is this contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor?										1		
an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No									X No		1,000.00	
Method of Contribution:		· · · · · · · · · · · · · · · · · · ·		·//···································	Ti	Date Rec	eived	Aggregate Contr	ibutions			
X Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 12/30/2022 1,000.00												
Last Name				- 1	First						MI	
Lewis Peter											ļ	
Residential Street Address				- 1	City					State	Zip Code	
96 Brook Street Apt C	No.				lartfo	ord				СТ	06120	
Principal Occupation							Name of Employ	er er				
Computer Program Design							UPS		W2444			
ls contributor a lobbylst, spouse, or dependent child of a lobbylst?	☐Yes ☑No	does co	ution is in excess of \$400 htributor or business he/sho t more than \$5,000?			d with hav		n said municipality	.	Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	[]Y	es	Is contributor a principal o			•	prospective state	contractor?	Yes			
If yes, list Event #	XN	0	If yes, indicate which to of government the con			ches [Executive	Legislative	X No		5.00	
Method of Contribution:	······································				Ī	Date Rec	eived	Aggregate Contr	butions			
Cash	redit/Debit	Card 🔲	Payroll Deduction	oney Ord	er -	12/30/2	022	5.00				
Last Name				F	irst				-		MI	
Napolitano				C	hris					:		
Residential Street Address					City					State	Zip Code	
PO Box 831				ĮF.	armi	ington				СТ	06034	
Principal Occupation							Name of Employ					
Mental Health Clinician							Joonn Health					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※No	does cor	ution is in excess of \$400 t atributor or business he/sho t more than \$5,000?				e a contract with	said municipality	,	Amoun	t of Contribution	
is this contribution associated with an event reported in Section L1?	Y€		Is contributor a principal o					***************************************	Yes		100.00	
If yes, list Event #	X No	o.	If yes, indicate which b of government the con				Executive {	Legislative	X No		100.00	
Method of Contribution:		, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	- 1	Date Rec		Aggregate Contri				
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			SI.	JETOI	TAL.	Section	on B - This	Page			1,105.00	
	232				* * = }		Section B I		HEMAND SEA HALL		8042.83	
TOTAL O	FALL		RIBUTIONS FROM Enter total on Line 13								9,147.83	

I. MONETARY RECEIPTS (Sections A - K)

Page	21 of	37
PAGE	C I OT	- 0/

NAME OF COMMITTEE /Pro	vide Com	ilete IVani	e as Registered with Filing Repos	sitory)				TYPEOF	REPORT	
Lebron for Hartford								JAN10		
A. Total Contributio	200		ill Contributors-Receiv			riod ONLY L SECTION A	\$			0.00
			31							
Last Name			B. Itemized Contrib			m Individua	ils			
Naimie				First Ama	t anda					MI
Residential Street Address			<u> </u>	City					State	Zip Code
266 Knollwood Road				Man	ncheste		ORIGINAL STATE OF THE STATE OF		СТ	06042
Principal Occupation Paint Night Teacher						Name of Employ				
Paint Night Teacher	, describerate de la constante	Tic ntri		-1!-d-0/	* * : = = al	Painting With			1	- 11. Alama
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 ha		h said municipality		Amoui	nt of Contribution
Is this contribution associated with an event reported in Section L1?	ΩY		Is contributor a principal of a sta		ntractor or		~~~	Yes		00.00
If yes, list Event #	VINO VINO VINO VINO VINO VINO VINO VINO									25.00
Method of Contribution: Date Received Aggregate Contributions 12/01/2003									1	
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Last Name Gonzalez-Robies				First Wan						MI
	/		-	<u> </u>	lua	, 	<u></u>		T	- ·
Residential Street Address 20 Rossetto Dr				City Man	ncheste	r	·		State CT	Zip Code 06042
Principal Occupation	DATE:		Name of Employer							UUU-+L
Admin Admin					!	UConn Health				
Is contributor a lobbyist, spouse,	Yes		bution is in excess of \$400 to a ca			nief executive office	er of a municipality	/,	Amour	nt of Contribution
or dependent child of a lobbyist?	☑ Yes ☑No	does cor	intributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality	· !		
Is this contribution associated with	ΟY	1 /es	Is contributor a principal of a sta		ntractor or	- Italia		Yes		
an event reported in Section L1? If yes, list Event #	۵		If yes, indicate which branch of government the contract is	or brai	nches		Legislative	∑ No		25.00
Method of Contribution:	***************************************				Date Re		Aggregate Contri		1	
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Last Name	X 148 - 14 - 14 - 14 - 14 - 14 - 14 - 14	The state of the state of		First						MI
Dormon				Jam	es				-	
Residential Street Address				City					State	Zip Code
26 Roydon Road		13 - 20 MM (12 (12 - 12 - 12 - 12 - 12 - 12 - 12 -		New	/ Haven	1			CT	06511
Principal Occupation Analyst						Name of Employe	er			
ls contributor a lobbyist, spouse,	Yes		bution is in excess of \$400 to a ca					' ,	Amour	nt of Contribution
or dependent child of a lobbyist?	X No		at more than \$5,000?	500mm	***************************************	Yes XN				İ
Is this contribution associated with an event reported in Section L1?	<u> </u>		Is contributor a principal of a sta			prospective state	contractor?	Yes	1	25.00
If yes, list Event #	MΣ	lo	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ №	1	25.00
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Cash Personal Check 🛛 C	redit/Debit	Card L	Payroll Deduction Money O	ırder	12/31/	2022	25.00)		
			SUBTO)TAI	L Sect	tion B - This	Page			75.00
A Park A			TOTAL of	addi	itional	l Section B F	Pages			9072.83
TOTALO	FALL		RIBUTIONS FROM INC (Enter total on Line 13, Cold					A CONTRACTOR OF THE PROPERTY O		9,147.83

Page 22 of 37

NAME OF COMMITTEE 1/2/04	vide Comp	lete Nan	je as Registered with I	Filing Repos	itory)				TYPE OF	REPORT	
Lebron for Hartford			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				n n n n n n n n n n n n n n n n n n n	,	JAN10		
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Last Name			B. Nemizeu	Commu	Outio First		om Individua	is			IMI
Bolden				1	1	ı ılima				Wit	
Residential Street Address					City					State	Zip Code
11241 Avenida Del Gato				_!	1 1	n Diego	_			CA	92126
Principal Occupation	***************************************			\$100 min (1			Name of Employe	/er	**************************************	<u> </u>	1
Assistant Professor	tilindenood						UC Davis		· · · · · · · · · · · · · · · · · · ·		
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?								uditi kendalan melancandanan	Amour	nt of Contribution	
Is this contribution associated with	Y	es	Is contributor a princ	•		ntractor or			Yes	1	_
an event reported in Section L1? If yes, list Event #	XNo										50.00
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Last Name					First						MI
azquez Maria											
Residential Street Address City								State	Zip Code		
200 Cameo Drive Windham								СТ	06226		
Principal Occupation Name of Employer											
Retired Retired											
	□Yes ⊠No	does co	ibution is in excess of \$ ontributor or business h 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?	□Y€ ☑No		Is contributor a princ	hich branch	or brai	anches	• •		Yes No		10.00
If yes, list Event # Method of Contribution:		·	of government the	e contract is		Date Re		Legislative Aggregate Contrib		1	
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Last Name					First						MI
Kavteladze				J	Nino			•		ļ	N .1
Residential Street Address					City	<u> Administration (Communication</u>				State	Zip Code
164 Middle Turnpike West					Man	nchester	r		!	СТ	06040
Principal Occupation	Mar Var	Attended			***************************************		Name of Employe	er	· · · · · · · · · · · · · · · · · · ·	- company of the Comp	and the second s
Regional Coordinator							CCAOH				<u></u>
									Amoun'	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Ye ∑No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative								5.00
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X Cash Personal Check	edit/Debit (Card L	Payroll Deduction	Money Or	rder	12/29/	2022	5.00			
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TOTAL OF	FALL		RIBUTIONS FR (Enter total on Lin						2000 Annual Control of the Control o		9,147.83

I. MONETARY RECEIPTS (Sections A - K)

Page 23 of 37

NAME OF COMMITTEE 1910	vide Comp	lete Nam	ie as Registered with Filing Repos	itory)		St. 18		TYPEOF	REPORT	Fage 2001 O
Lebron for Hartford	Montherman	30000000000000000000000000000000000000	Shid-the of the special specia			And and a second	and the state of t	JAN10		Philips (10) 101 STAN 40 City and approve of
A. Total Contribution (See instructions for definition	SO SO SECURITION OF SOME STATES		ill Contributors-Receive			eriod ONLY L SECTION A	\$			0.00
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Gittens			·	Daw		Market State of the State of th		A CONTRACTOR OF THE PARTY OF TH		- Control of the Cont
Residential Street Address 125 Mansfield Street		**************************************		City Hart	tford		- Cannada Maria - III - II - II - II - II - II - II -		State CT	Zip Code 06112
Principal Occupation Club Director			·			Name of Employe Boys and Girl	_{yer} rls Club of Hart	ford		
ts contributor a lobbyist, spouse, or dependent child of a lobbyist?	byist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,								Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	L_1'	Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative No								5.00
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Last Name				First						MI
Hicks	Brandon							<u> </u>		
B Forest Ln City Bloomfield							!	State CT	Zip Code 06002	
Principal Occupation IT Analyst						Name of Employe	er			
ts contributor a lobbylist, spouse, or dependent child of a lobbylist?		does cor	ibution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha	hief executive office	h said municipatity		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 stat If yes, indicate which branch of government the contract is	or brai	ntractor or anches	r prospective state		Yes No		50.00
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Last Name Rosa	Section Methodology at the annual			First Robe				A CONTRACTOR OF THE PROPERTY O		Mi
Residential Street Address	Addisorran			City		On the Control of the	#5. //////		State	Zip Code
1882 Main St				1 1	t Hartfo	ord			1 1	06108
Principal Occupation Real estate			4444			Name of Employed		the state of the s		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ res	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	hief executive office	cer of a municipality h said municipality	3	Amoun	nt of Contribution
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TOTALO	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu							9,147.83

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NAME OF COMMITTEE (Plot	vide Comp.	ete Nami	g as Repistered with I	Filing Réposi	iory)				TYPE OF	REPORT	
Lebron for Hartford									JAN10		
A. Total Contributio (See instructions for definition	The second of the second						riod ONLY SECTION A	\$			0.00
			B. Itemized	l Contrib			m individua	ils			
Last Name Maroni					First Merari						MI
Residential Street Address			The tree to the tr	······································	City		***************************************			State	Zip Code
2826 S Bend St					Loris	S	***************************************			sc	29569
Principal Occupation							Name of Employ				
Substitute teacher		I,,	· · · · · · · · · · · · · · · · · · ·	0.400 to 0.00	!:-	ob	The Learning			1 4	Constitution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?										Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	ΟY									10.00	
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Last Name					First						MI
Donovan									······································	4,4,4	
Residential Street Address									State	Zip Code	
179 Beacon St	Mandaladuumdaanduum				Hart	ford			annahalan aran da visar ada asa	СТ	06105
Principal Occupation							Name of Employ				
Project Manager Lane Construction											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does cor	oution is in excess of a ntributor or business in at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with		es	Is contributor a princ			tractor or	2 <u></u>	The state of the s	Yes		_
an event reported in Section L1? If ves. list Event #	MМ	o	If yes, indicate w of government th			nches	Executive	Legislative	X No		50.00
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Last Name					First						МІ
Dormon					Can	dice			•		
Residential Street Address					City	emetricum esti Sid-il) eni			-	State	Zip Code
26 Roydon Road					New	/ Haven	1			CT	06511
Principal Occupation							Name of Employ	yer			
Consultant							Self employe	ed			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does cor	oution is in excess of s ntributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amoun	nt of Contribution
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an event reported in Section L1? If yes, list Event #	XN	o	If yes, indicate w of government th			nches	Executive	Legislative	X No		50.00
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				SUBTO	ATC	L Seci	ion B - This	Page			110.00
			π	DTAL of	add	itional	Section B	Pages			9037.83
TOTALO	FALL	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 9,147.83									

I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Repos	Hory)				TYPE OF	REPORT		
Lebron for Hartford						A STATE OF THE STA		JAN10			
A. Total Contributio ¡See instructions for definition			ill Contributors-Receiv		THE RESERVE OF THE PERSON OF T	eriod ONLY L SECTION A	\$			0.00	
Last Name		W SAME	B. Itemized Contrib	outio First		əm İndividua	ils			IMI	
Garcia			,	1	ando					IAIL	
Residential Street Address			MALAGEMENT OF STREET CONTROL OF THE	City			4		State	Zip Code	
282 Sigourney Street			**************************************	Hart	tford	The state of the s			СТ	06105	
Principal Occupation				-		Name of Employe	er			M. Santana	
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? Yes X No									Amour	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?	· اسا ، ر		Is contributor a principal of a sta					Yes	1	~ **	
If yes, list Event #	. ⊠N	0	If yes, indicate which branch of government the contract is			Executive	Legislative	X No		5.00	
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Last Name	N	E.a.	1	First		Billion of the Control of the Contro	STATE THE PARTY OF	-	W. S	MI	
See									ats by the contract of the con		
Residential Street Address			1	City					State	Zip Code	
12591 Corliss Ave N		***************************************	disconnection	Seat	itie				WA	98133	
Principal Occupation Research Scientist					1	Name of Employe		- me ,			
West in the state of the state									4		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※No	does cor	Dutton 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	•	Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	□Y€ ☑No		Is contributor a principal of a sta-	or brai	anches	or prospective state	contractor?	Yes No		100.00	
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Last Name				First						Mi	
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Residential Street Address				City	#-654-04mmildem.cim.co	шинан-жана-жана			State	Zip Code	
707 Broadview Terrace			ļ	Harti	ford					06106	
Principal Occupation						Name of Employe	er	<u></u>		<u></u>	
Truck driver						Allied van line	∋s 				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	IVIN-	does con	bution is in excess of \$400 to a car intributor or business he/she is ass at more than \$5,000?	ndidate sociate	ed with ha	hief executive office ave a contract with Yes XNo	sald municipality	,	Amoun	nt of Contribution	
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If yes, list Event # Method of Contribution:	-		of government the contract is	Witti.	Date Re		Legislative Aggregate Contrit		l		
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TOTALO	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu							9,147.83	

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NAME OF COMMITTEE (Pro	vide Campl	ete Nam	ie as Registered with l	Filing Repos	itory)				TYPE OF	REPORT	
Lebron for Hartford		- Day Control of the			2000				JAN10		
A. Total Contributio	And the second second second	A-10 20 00 00 00 00 00 00 00 00 00 00 00 00					riod ONLY SECTION A	\$		RATE OF THE PARTY	0.00
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Last Name			5. Kennzeu	Commu)Utio TFirst		M Maivitaua	ils ————————————————————————————————————] MI
Robles				!	Tone						IVII
Residential Street Address	*		**************************************		City	****				State	Zip Code
1770 W Lake Brantley Road	d				Lon	gwood				FL	32779
Principal Occupation Name of Employer											
Restoration technician Barefoot Enterprises											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		does co	ibution is in excess of sontributor or business to at more than \$5,000?	he/she is ass		ed with na		th said municipality		Amour	nt of Contribution
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s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Tres	does cor	bution is in excess of \$ ontributor or business h at more than \$5,000?			ed with hav		h said municipality		Amoun	nt of Contribution
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SEEC FORM 20 Revised January 2015		_	I. MONETARY F	REC	EIP"	rs (Section	ons A - K)			Page 27 of 37	
NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Rägistered with Filing Repos	sitory)				TYPE OF	REPORT		
Lebron for Hartford		. 						JAN10			
A. Total Contribution (See instructions for definition)	No. 2 Per Property		II Contributors-Receiv	THE SHARES	ALC: NO SEC. 13	riod ONLY SECTION A	\$		orden of the second of the sec	0.00	
Last Name			B. Itemized Contrib	outio First		m individua	ls			Mi	
Love				Larr	у						
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Principal Occupation Crisis Coordinator				•		Name of Employ Compass	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?	ssociate	ed with ha	ave a contract with	ı said municipality o		Amou	nt of Contribution			
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esidential Street Address 9 Laurel Street					City Manchester					Zip Code 06040	
Principal Occupation Cmio						Name of Employ Girl Scouts of					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes █ No	does co		candidate for a chief executive officer of a municipality, associated with have a contract with said municipality Yes 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 bra			contractor?	☐ Yes ☒ No		50.00	
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Last Name Fernandez	04000ali san sanana		-O-who-Makasan and a same appropriate and a s	First Mari	a					MI	
Residential Street Address 2380 Corbin Ave				City New	Britain				State CT	Zip Code 06053	
Principal Occupation Retired						Name of Employ	er				
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			TOTAL of	addi	tional	Section B R	ages l			9067.83	
TOTALO	FALL		RIBUTIONS FROM INC (Enter total on Line 13, Coll							9,147.83	

Page 28 of 37

NAME OF COMMITTEE /Pro	viae Comp	lete Nam	e as Registered with Filing Repos	illory)				TYPE OF I	REPORT	
Lebron for Hartford				_				JAN10	The state of the s	
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Principal Occupation				·	,	Name of Employe	,			
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ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes 図No	does co	ibution 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
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Residential Street Address									State	Zip Code
220 Center St	!	1 1	ncheste	er.		!	CT	2ip Code 06040		
Principal Occupation Name of Employer									000.0	
Unemployed					1	Unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	ibution 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
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Residential Street Address 10650 Holman Ave 112			1	City Los A	Angele	76		,	State CA	Zip Code 90024
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ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	LI 168	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		e for a ch	hief executive office	h said municipality		Amoun	nt of Contribution
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						l Section B P				8972.83
TOTAL O	FALL		RIBUTIONS FROM IND							9,147.83

I. MONETARY RECEIPTS (Sections A - K)

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Page	29 Of	37

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NAME OF COMMITTEE 1910	vide Comp	lete Nam	e as Registered with Filing Repos	itory)		T.		TYPE OF	REPORT	
Lebron for Hartford								JAN10		
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	THE CHARLES AND A									
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Residential Street Address				City					State	Zip Code
99 Lincoln Street			the state of the s	Hari	tford	AND THE RESERVE OF THE PERSON		4	СТ	06106
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Self Employed						Celebrations	At Wolfies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?									Amour	nt of Contribution
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t additutes a lebbyiot appuag	<u> </u>	If contril	bution is in excess of \$400 to a ca	ndidal	e for a cl		er of a municipalit	v	Διασιιι	nt of Contribution
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Lebron			•	First Jenr					1	Mi
Residential Street Address			PLEYZZÁNAL	City		NAME AND DESCRIPTION OF THE PERSON OF THE PE			State	Zip Code
192 Laurel St			!	Hart	ford				CT	06105
Principal Occupation			The state of the s			Name of Employe				100.00
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NAME OF COMMITTEE (Pro	vide Comp.	lete Nam	e as Registered with Filir	ng Reposit	ary)				TYPE OF	REPORT	
Lebron for Hartford									JAN10		
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Principal Occupation Name of Employer Administration U.S. Department of Veterans Affairs											
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	ontributor or business he/s at more than \$5,000?	she is asso	ociate	ed with ha	ave a contract with	h said municipality		, , , , , , , , , , , , , , , , , , , ,	n or og
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Principal Occupation						ļ	Name of Employ				
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2 Maddux Ave				5	San	Francis	3CO			CA	94124
Principal Occupation		***************************************					Name of Employ	/er			
Real Estate							Starwood				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	KZI U-	does cor	oution is in excess of \$400 ntributor or business he/s at more than \$5,000?			ed with ha		h said municipality		Amoun	t of Contribution
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Page	31 of	37
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NAME OF COMMITTEE 1/Pro	vida Comp.	lete Nam	e as Registered with	Filing Repos	itory)	1			TYPE OF REPORT		
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Principal Occupation Unemployed						!	Name of Employ	•			
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of intributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality	'4 	Amoun	nt of Contribution
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Residential Street Address				!	City	•			:	State	Zip Code
11 Valley Ridge Rd		P		, 	Han	rison	I	- Land Control of the		NY	10528
Principal Occupation							Name of Employ	•			ļ
Attorney		T		* * * * * * * * * * * * * * * * * * * *	"-1-1		Crowell & Mo			T	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	does cor	bution is in excess of intributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality	•	Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1?	<u>□</u>		Is contributor a prin	•			prospective state	contractor?	Yes		00
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Principal Occupation Retired				eg kiring a sanara a sanara a sanara a sanara a sanara a sanara a sanara a sanara a sanara a sanara a sanara a			Name of Employ Retired	er			
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I. MONETARY RECEIPTS (Sections A - K)

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NAME OF COMMITTEE (Pro	wide Compl	leie Nam	e as Registered with Filing Repos	itory)				TYPE OF	REPORT	
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Residential Street Address 8 Lynn Cir	— o-mail@bbblogencheggap		_	City Bloo	omfield]			State CT	Zip Code 06002
Principal Occupation Retired			79. Hannard		Administrative	Name of Employe	/er	· ·		***************************************
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?		does co	ribution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ted with h	chief executive office	h said municipalit		Amour	nt of Contribution
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Last Name Marie	Bottises	230	- Control of the Cont	First Bren		Shint Christipurpa,			State of the state	MI
Residential Street Address 28 Pine Grove Rd				City Bloor	omfield	j		<u> , e</u>	State CT	Zip Code 06002
Principal Occupation Unemployed	200-9-02-11	**************************************		***************************************	manage of the same	Name of Employed		Account of the Control of the Contro	And the second	Abbababa
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		does cor	ibution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ed with ha	chief executive office	cer of a municipality		Amoun	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 stat If yes, indicate which branch of government the contract is	or bran s with:	ntractor of	or prospective state	e contractor?	Yes No		100.00
Method of Contribution: Cash Personal Check XC	Oredit/Debit	Card [Payroll Deduction Money O		Date Re 12/20/		Aggregate Cont			İ
Last Name				First						MI
Machavasiani	-		NAME OF THE PARTY	Ana	***************************************		arrange and the second		l	
Residential Street Address 20 Esquire Drive				City Mand	ncheste	ər			State CT	Zip Code 06042
Principal Occupation				·····	d websers	Name of Employe	er	Marine Park		Medican and an analysis and an
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Li res	does cor	bution is in excess of \$400 to a can ontributor or business he/she is asso 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 #	☐ Ye ☑ No		ts contributor a principal of a state If yes, indicate which branch of of government the contract is	or bran s with:	ntractor or unches	or prospective state	e contractor?	☐ Yes		5.00
Method of Contribution: Cash Personal Check CC	ਸedit/Debit ਾ	Card [Payroll Deduction Money O	1	Date Re 12/28/		Aggregate Cont 5.00			and the same of th
			SUBTO	ITAI	_Sec	tion B - This	Page	History		130.00
		an e	TOTAL of	addi	itiona	I Section B P	ages			9017.83
TOTAL O	FALL		RIBUTIONS FROM INDI							9,147.83

I. MONETARY RECEIPTS (Sections A - K)

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Revised January 2015			Page 33 (
NAME OF COMMITTEE (Provide Complete Nam	ið as Registered with Filing Reposi	(ôry)	TYPE OF	REPORT		
Lebron for Hartford			JAN10			
A. Total Contributions from Sma (See instructions for definition of Small Contribu		ed this Period ON SUBTOTAL SECTION	Contract of the Contract of th		0.00	
	B, Itemized Contrib		iduals			
Last Name Ruiz Vazquez		First Charlotte			MI	
Residential Street Address 500 Park Avenue Apt B		City East Hartford		State CT	Zip Code 06108	
Principal Occupation		Name of I	Employer			
or dependent child of a lobbyist?	ibution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?			Amou	nt of Contribution	
ts 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	571		10.00	
Method of Contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Money O	Date Received 12/29/2022	Aggregate Contributions 10.00			

SUBTOTAL Section B - This Page	10.00
TOTAL of additional Section B Pages	9137.83
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	9,147.83

I. MONETARY RECEIPTS (Sections A - K)

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					rage 0-01 37		
NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Fl	eposito(y)		TYPE OF REPORT			
Lebron for Hartford				JAN10			
	D. Loans I	Received this Period					
Name of Lender Nick Lebron		Source of Loan: Bank Candidate In	dividual	Other Committee	Date of Receipt 12/14/2022		
Street Address 192 Laurel Street	City Hartford		State CT	Zip Code 06105	Is there a Cosigner or Guarantor of this loan? Yes XNo		
Name of Cosigner/Guarantor (if applicable)					Amount Received		
Street Address	City		State	Zip Code	4,000.00		

IV. EXPENDITURES (Sections P - T)

Page 35 of 37

NAME OF COMMITTEE	: (Provide Complete Name as Registered with Filing Repos	sitory)		TY	(PE OF REP	ORT	
Lebron for Hartford				JA	AN10		
	P. Expenses	Paid by Commit	ttee				
Name of Payee	ACCASES ASSOCIATION CONTRACTOR CO	Marie Carlotte Carlot	ATAMAN	Date of Payment:		od of Pa Check #	Payment #
Market Place Kitchen	& Bar			12/13/2022		леск # ebit Ca	
Street Address	,	City			State		Zip Code
336 West Main Street		Avon		NAME OF TAXABLE PROPERTY O	Cī	Γ	06001
Purpose of Expenditure (by code)	Descriptions		Ev∈	ent#			Amount
FOOD	Consultant Interview						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of	the be	elow" is checked)	***************************************		132.04
(іг арріісаціє)	None of the below						
	Coordinated with reimbursement sought (joint expendi		ndepend Organiza	ndent zation: oA oB oC oD			
Name of Payee		general and the second		Date of Payment:			ayment
Wix.com LTD			•	12/20/2022	E	heck# ebit Ca	
Street Address	,	City			State		Zip Code
40 Ha-Namal Street	Ţ	Tel Aviv					Zip Gode
Purpose of Expenditure (by code)	Descriptions	J	Eve	ent#			Amount
(by code) WEB	Campaign Website						
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of	the be	elow" is checked)			172.28
(if applicable)	None of the below	~					112.20
·	Coordinated with reimbursement sought (joint expending	e ^{toto}	ndepend				
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) 👝 🔾	gariiza	ation: oA oB oC oD Date of Payment:	Metho	q to b	'ayment
Anedot			,	12/23/2022	□ cr	neck#	# <u></u> _
, , , , , , , , , , , , , , , , , , ,			·	1212012022		ebit Car	ard DEFT
Street Address 1340 Poydras Street	!	City			State	- 1	Zip Code
-		New Orleans		**************************************	LA		70112
Purpose of Expenditure (by code)	Descriptions		Eve	rent #		,	Amount
BNK	Anedot Fees						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	iired unless "None of	the be	elow" is checked)			99.70
(н аррноамо)	None of the below Coordinated with reimbursement sought (joint expendit	"······· П lr	ndepend	والمساور			I
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co			ration: oA oB oC oD			•
Name of Payee				Date of Payment:	Method		
Amnas Restaurant			Ŧ	12/14/2022	Ch	heck #_	<u> </u>
Street Address		City				bit Car	****
695 Park Avenue		City Bloomfield			State CT		Zip Code 06002
Purpose of Expenditure	Descriptions		lEve	ent#	_		Amount
(by code)	Treasury team meeting			Ян n			Biroc
FOOD		" I-aa "Mone of	1	** · · · · · · · · · · · · · · · · · ·			I
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	ired unless None o	the ve.	low" is checkeu)		;	31.96
1	Coordinated with reimbursement sought (joint expendit	•	ndepend				
	Coordinated without reimbursement sought (in-kind co	•	-	ration: oA oB oC oD			
809000	SUB	TOTAL Section P	? — T	Chis Page			435.98
	TOTAL	_ of additional Se	ction	r P Pages			34.60
The Control of the Co	TOTAL OF ALL EXE	PENSES PAID BY 19, Column A of Sum	521.00				470.58

IV. EXPENDITURES (Sections P - T)

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Faue	~ 01	•

Revised January 2015						Page 36 of 37		
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	itory)		TYPE OF	TYPE OF REPORT			
Lebron for Hartford				JAN10		į		
	P. Expenses	Paid by Committe	e was			11.0		
Name of Payee			Date of Payment:		Method of F			
Anedot			12/21/2022		Check			
Street Address		City	TOTAL TOTAL		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)			1.30		
(if applicable)	None of the below	_						
	Coordinated with reimbursement sought (joint expendi	· · · · · · · · · · · · · · · · · · ·		_				
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) L Orgai	nization: oA oB oC Date of Payment:		Malland of D			
•				\	Method of Payment Check #			
Anedot		•	12/29/2022		Debit Ca	ard DEFT		
Street Address		City			State	Zip Code		
1340 Poydras Street	·	New Orleans			LA	70112		
Purpose of Expenditure (by code)	Descriptions	1, 0, 2	Event #			Amount		
BNK	Anedot Fees							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of the	below" is checked)			23.40		
(if applicable)	None of the below							
	Coordinated with reimbursement sought (joint expendi	· ·						
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) LI Orgai	nization: oA oB oC Date of Payment:	ALL OF CASE AND ADDRESS OF THE PARTY OF THE	Method of P	aumont		
Wix.com LTD					Check /			
VVIX.COM LID			12/20/2022		Debit Ca	ard DEFT		
Street Address	:	City			State	Zip Code		
40 Ha-Namal Street		Tel Aviv		-				
Purpose of Expenditure	Descriptions		Event#			Amount		
(by code) WEB	Campaign Website			ĺ				
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of the	below" is checked)			9.90		
(if applicable)	None of the below	_			0.00			
	Coordinated with reimbursement sought (joint expendit			l				
	Coordinated without reimbursement sought (in-kind co	ntribution) L Organ	nization: oA oB oC	oD [

34.60	SUBTOTAL Section P — This Page
435.98	TOTAL of additional Section P Pages
# 4/U.58#	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Yotals)

IV. EXPENDITURES (Sections P - T)

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Revised dumbiy 2019						Page Viol 37
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repo	silory)		TYPE O	F REPOR	
Lebron for Hartford	F			JAN10		
	S. Expenses Incurred by Comm	ilttee but Not Pa	id During this Per	lod		
Name of Creditor					Date Incur	ed
Candice Dormon					1:	2/01/2022
Street Address		City			State	Zip Code
26 Roydon Road		New Haven			CT	06511
Purpose of Expenditure (by code) WAGE	Description Staff Wage	and the second second second second second second second second second second second second second second seco	Event #		i	ount Incurred mated or Actual)
Expenditure # <i>(if applicable)</i>	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	iture) 🔲 înd	ependent panization: oA oB oC	οD	1	0,000.00

10,000.00	SUBTOTAL Section S — This Page
0.00	TOTAL of additional Section S Pages
30.000.00	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)
0.00	Previously reported Expenses Unpaid and still Outstanding
	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28A, Column A of Summary Page Totals)

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