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

NOTER SCOTT OF CRY

7173 ACT LA PM 2: AG Do Not Mark in This Space For Official Use Only

COVER PAGE

1, NAME OF COMMITTEE	and the same of the same	fire aleric			Ú.			Santa de Maria
Lebron for Hartford								
2. TREASURER NAME					30 g (1978)			
First		M!	Last			•		Suffix
Dean			Jone	s			111	
3. TREASURER ADDRESS					55 (\$1 Ka) (\$1			Marian Barana and American State (1997). The second
Street Address		1	City			State Zi		Zip
423 Barbour			Hartford			C	ŕ	06120-1003
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT	(Complete on	ly if Candidate C	ommittee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 09/12/2023							(if applic	able)
7. CANDIDATE NAME (Complete only If Ca	andidate or Exploratory Committ	(ec)						
First	MI		Last			·		Suffix
Nick			Lebron					
8. TYPE OF REPORT (Check One Box)					多多/26			
☐ January 10 filing	☐ 7th day preceding p	primary	☐7th da	y preceding referendum		ution or l	Disbursement	
April 10 filing	30 days following p	orimary	☐ 45 day	s following referendum	•	ONLY)		
☐ July 10 filing	☐7th day preceding e	election	Deficit		_	endment t		
☑ October 10 filing	12th day preceding	election	Termin	ation	Тур	e of Repo	ert	
24 Hour independent Expenditure	(State Central Committee ☐ 45 days following e held in November				**			
<u> </u>								
9. PERIOD COVERED						na ngilin Lagar Wali		
	Beginning I	Date		Ending Date				i
	07/01/202	23	thru	09/30/2023				
10. CERTIFICATION		rage & single regions		e de la companya de l				Maria de Parago de Astrono. Astronomia
I hereby certify and state, under pe Disclosure Statement for the period	nalties of false statem od covered is true, ac	nent, that a ccurate and	all of the int	ormation set forth on th	_{is} Itemiz	ed Cam	paign F	inance
() a 6	<u></u>		100	0 10000			1.8	18 32
THEASURER ON DEPUTY THEAST	URER (SIGNATURE)		Dea	PRINT NAME OF SIGNER	.		<u> IO</u>	E (mm/dd/yyyy)
A person who is				any provisions of the camp	aign finan	ce statue	S	ক্ৰাক্ষেত্ৰ কৰা ক্ৰিয়াক্ৰাৰ্থনীৰ্দী পৰিচাৰ্থ কৰে।

nd by ISPolitical.com

Page 1 of 100

Page 2 of 100

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Lebron for Hartford	OCT10	
	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	20,410.44	
13. Contributions Received from Individuals (Sections A and B)	23,222.33	105,833.20
14. Receipts from Other Committees (Sections C1 and C2)	0.00	250.00
15. Other Monetary Receipts (Sections D through K)	100.00	5,100.00
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)	23,322.33	111,183.20
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	43,732.77	111,183.20
19. Expenses Paid by Committee (Section P)	21,407.53	88,857.96
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	22,325.24	22,325.24
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)	8,110.73	17,447.20
24. Refundable Deposit to Telephone Company (Section N)	.00	.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	4,000.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. Payments on Loan	0.00	4,000.00
25d. Total Outstanding Loan Amount	0.00	
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)	0.00	er en
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	
Danisas di la cionalità di anno		0

Page 3 of 100

Hevised January 2015											Page 3 of 100
NAME OF COMMITTEE (Pro	vide Comple	ete Nam	ne as Régistered with Filing Repos	illory)		1.		20.10	TYPEOF	REPORT	
Lebron for Hartford			:			;		1	OCT10		
A. Total Contribution (See instructions for definition			ill Contributors-Receiv			eriod ONLY L SECTION A		\$			0.00
			B. Itemized Contrib	outic	ons fr	om Indlyldu	ials .				
Last Name				First	t						MI
Lozada					nthia					1	
Residential Street Address 17 Hudson St				City Hart	rtford					State CT	Zip Code 06106
Principal Occupation Clerk		·				Name of Emplo Sammy Gro	-				<u></u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	L Yes	does co	bution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		ted with h		ith said		1	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #_	Ye X No		is contributor a principal of a ste If yes, indicate which branch of government the contract is	or bra	anches		ate contr	ractor?	Yes No		5.00
Method of Contribution: Cash Personal Check	Credit/Debit (Card	Payroll Deduction Money (Order		Received 9/2023	Agg	regate Contril 5.00			
Last Name Alicea				First	t Idelia						MI
Residential Street Address				City						State	Zip Code
20 Vernon Street			!	1 1	tford				1	CT	06106
Principal Occupation				!		Name of Employ	yer		,		
is contributor a lobbylst, 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 ass at more than \$5,000?		ed with h		ith said i			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	ntractor o	or prospective state	ite contra	actor?	Yes No		5.00
Method of Contribution: Cash Personal Check	Credit/Debit (Card	Payroll Deduction Money C)rder		Received 1/2023	Aggr	regate Contrib	outions	<u> </u>	
Last Name	·			First							МІ
Dormon Residential Street Address	· · · · · ·			City	ndice					State	Zip Code
26 Roydon Road			!	1	v Have	n				CT	06511
Principal Occupation Consultant						Name of Employe	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	H Yes	does con	bution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?				ith said r			Amoun	nt of Contribution
ls this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or brai	inches	or prospective state	te contra	actor? gislative	Yes No		10.00		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debit C	Card 🔲	Payroll Deduction Money O)rder	Date Re 07/08/	eceived J/2023	Aggr	regate Contrib 860.00			
			SUBTO	ATC	L Sec	tion B - This	s Pag	je –			20.00
			TOTAL of	add	Itlona	l Section B	Page	ıs			23202.33
TOTAL O	F ALL C		RIBUTIONS FROM IND								23,222.33

SEEC FÖRM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A - K)

of	100
	of

										raye 🔻 📭	
NAME OF COMMITTEE (Pro	vide Comp	lete Nam	te as Registered with Filing Repos	iltory)				TYPEOFI	REPORT		
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definition)			ill Contributors-Receiv			eriod ONLY L SECTION A	\$			0.0	.00
			B, Itemized Contrib	361 20 1	300 May 300 -	aubivibni mo	ils				
Last Name Abrom		_		First Edd						MI	
Residential Street Address		<u></u>		City		<u></u>			State	Zip Code	
99 Kelsey Street				1 1	tford _	06106					
Principal Occupation						Name of Employ	/er			<u></u>	
Cleaner		т				Jam Pro		·········			
ls 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 as at more than \$5,000?		ed with ha		h said municipality	,	Amour	nt of Contributio	ЭR
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a sta			r prospective state	contractor?	Yes	•	5.00	
If yes, list Event #	IVINO I I yes, indicate which branches									5.00	
Method of Contribution:			<u> </u>		Date Re		Aggregate Contri				
Cash	redit/Debit	Card L	JPayroll Deduction		08/25/	/2023	5.00) -		T	_
Last Name Valentin				First Alex						MI	
									Totala	75- Code	
Residential Street Address 23 Ward Street 3rd Floor			ļ	City Hart	tford			•	State CT	Zip Code 06106	
Principal Occupation						Name of Employe	/ar			100,00	
1 Illiaspus a acapation						Peans or Employ	01				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	lbution 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	ř	Amour	nt of Contributio	on
Is this contribution associated with	Y	es	Is contributor a principal of a sta		ntractor or			Yes			
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ No		5.00	
Method of Contribution:					Date Re		Aggregate Contri	butions			
Cash Personal Check C	redit/Debit	Card [Payroll Deduction Money C)rder	08/19/	/2023	5.00				
Last Name WIIIiams				First Lesli			, mines			МІ	
Residential Street Address				City					State	Zip Code	
87 Marjorie Lane			!	1 1	ncheste	ı r		1	CT	06042	
Principal Occupation	-			<u> </u>		Name of Employe	'er				
DMHAS; Former Basketball	l player's	moms	J.		;						
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?		ed with ha		n said municipality	1	Amour	nt of Contributio	'n
Is this contribution associated with an event reported in Section L1?	□ Ye		Is contributor a principal of a sta			r prospective state	contractor?	Yes		25.00	
If yes, list Event #	X No	D	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ No		25.00	
Method of Contribution:					Date Re		Aggregate Contri				
Cash Personal Check CC	redit/Debit	Card L	JPayroll Deduction LIMoney O	rder	08/15/	2023	25.00				
			SUBTO	ATC	L Sect	tion B - This	Page			35.0	0 0
	M _{in}					l Section B F	Ŧ.			23187.	.33
TOTALO	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Cold							23,222.	.33

I. MONETARY RECEIPTS (Sections A - K)

Page 5 of 100

Revised January 2015								Page 5 of 100		
NAME OF COMMITTEE (Pro	vide Complete N	lame as Registered with Filing Repos	illory)			TYPE OF	REPORT			
Lebron for Hartford						OCT10				
A. Total Contributio		mall Contributors-Receiv		eriod ONLY L SECTION A	\$			0.00		
Last Name	Ji 100	B. Itemized Contrib	outions fro	om Individua	ils			ÎMI		
Barlow			Jane			_				
Residential Street Address 110 Martin Street			City Hartford				State CT	Zip Code 06120		
Principal Occupation Pre School Care				Name of Employ	=					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes does	ontribution is in excess of \$400 to a ca s contributor or business he/she is as: ted at more than \$5,000?	ssociated with h	thief executive office have a contract with	h said municipality	у,	Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	ate contractor o h or branches is with:	or prospective state	e contractor?	Yes No		5.00		
Method of Contribution: Cash Personal Check C	redit/Debit Card	Payroll Deduction Money O		eceived 5/2023	Aggregate Contr 5.00					
Last Name Ortiz			First Raymond					MI		
Residential Street Address 141 Woodland Street			City Hartford			:	State CT	Zip Code 06105		
Principal Occupation Retired				Name of Employ	/er					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Coes does	ontribution is in excess of \$400 to a ca s contributor or business he/she is ass ed at more than \$5,000?	sociated with h	hief executive office nave a contract with Yes	h said municipality	f,	Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	ate contractor of	or prospective state		Yes		400.00		
Method of Contribution: Cash Personal Check CC	redit/Debit Card	Payroll Deduction Money O	Date Re Order 09/27/		Aggregate Contr 1,000.					
Last Name Goodr			First Shelley					MI		
Residential Street Address 55 Victory Drive			City New Haver	n			State CT	Zip Code 06515		
Principal Occupation Adjudicator			i	Name of Employ	/er		·			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 to a car s contributor or business he/she is ass ed at more than \$5,000?	sociated with ha		h said municipality		Amoun	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	ate contractor or or branches is with:	r prospective state	e contractor?	Yes No		20.00		
Method of Contribution: Cash Personal Check CC	redit/Debit Card	Payroll Deduction Money O	Date Re Order 07/01/		Aggregate Contri 20.00					
		SUBTO	DTAL Sec	tion B - This	Page			425.00		
		TOTAL of	additiona	l Section B l	Pages			22797.33		
TOTAL 0	F ALL CON	NTRIBUTIONS FROM IND						23,222.33		

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A - K)

Page 6 of 100

NAME OF COMMITTEE (Prov	ide Compl	ete Nam	e as Registered with F	iling Repos	(tory)				TYPE OF	REPORT		
Lebron for Hartford									OCT10			
A. Total Contribution (See instructions for definition							riod ONLY SECTION A	\$			0.00	
								-				
	7		B. Itemized	Contrib	utio	ns fro	m Individua	is				
Last Name					First		a dicasa di				MI	
Williams					Shamell							
Residential Street Address			11000		City	***************************************				State	Zip Code	
81 Lincoln Street					Hari	ford				СТ	06106	
Principal Occupation							Name of Employ	/er	****			
Retired												
Is 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 municipality	1	Amou	nt of Contribution	
or dependent child of a lobbyist?	dependent child of a lobbyist? Source 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		es	Is contributor a princ						Yes		_	
an event reported in Section L1? If yes, list Event #	XN	0	If yes, indicate when of government the			nches	Executive !	Legislative	X No		5.00	
Method of Contribution:					_	Date Re		Aggregate Contri	butions	1		
🛮 Cash 🔲 Personal Check 🔲 Ci	redit/Debit	Card 🗀	Payroll Deduction [Money O	rder	08/25/	2023	5.00				
Last Name					First					1	MI	
Howard Xavier												
Residential Street Address City										State	Zip Code	
2 Zion Street Apt 2F					Hart	ford				СТ	06106	
Principal Occupation							Name of Employ	er				
Stock							Dunny Groce					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution									nt of Contribution			
or dependent child of a lobbyist?	No No		ntributor or business h at more than \$5,000?	e/she is as:	sociate	_	ve a contract with					
Is this contribution associated with			Is contributor a princ	ioal of a sta	te con				Yes			
an event reported in Section L1?	⊠ N		If yes, indicate wh	hich branch	or bra		Executive	_	⊠ No		5.00	
If yes, list Event # Method of Contribution:			of government the	9 contract is	with.	Date Re		Legislative Aggregate Contri				
Cash Personal Check C	redit/Debit	Card	Payroll Deduction	Money O	rder	08/26/		Aggregate Contin	บนแบบร			
Last Name					First						MI	
Edwards					Jaso							
Residential Street Address					City					State	Zip Code	
488 Broadview Terr					Hart	ford				CT	06106	
Principal Occupation							Name of Employ	Or .	<u> </u>		100.10	
Transit driver							Post road sta					
		If contrib	oution is in excess of \$	400 to a ca	ndidat	e for a ch				Amour	it of Contribution	
	☐ Yes X No	does cor	ntributor or business h			ed with ha	ve a contract with	said municipality		Amour	it of community	
			t more than \$5,000?				Yes XN					
Is this contribution associated with an event reported in Section L1?	∏ Ye		Is contributor a princi If yes, indicate wh				prospective state	contractor?	Yes		25.00	
If yes, list Event #	ייינאו		of government the	e contract is	with:			Legislative	X No			
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Cr	radii/Dabii	^~~ [Dawas Dadwailan [اده	Date Re 09/06/		Aggregate Contri 140.0				
Cash Personal Check (A) Ci	ream Debit	Caro L	Payron Deduction (ivioney O	rder	00,00,	2020	140.0	9			
		, and		SUBT	ΣTΑ	L Sect	ion B - This	Page			35.00	
			-				Ocallo B		•		00407.00	
			IO.	HAL OF	स्वाच	HIONE	Section B I	-ages			23187.33	
TOTAL O	FALL		AIBUTIONS FA (Entertotal on Line								23,222.33	

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A - K)

Bass	7	ωť	100
Page	- /	of	100

										rage , 01 100	
NAME OF COMMITTEE (Pro	vide Comp	ilete Nam	e as Registered with Filing Repos	iltory)				TYPE OF	REPORT		
Lebron for Hartford							1	OCT10			
A. Total Contribution (See instructions for definition			ill Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00	
Last Name			B. Itemized Contrib	outio First		ım İndlyidür	als		<u> </u>	MI	
Petrillo			!	1	udia						
Residential Street Address 144 Westland Street				City Hart	tford				State CT	Zip Code 06120	
Principal Occupation Nail Technician				<u> </u>		Name of Employ	yer		J		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does co	ibution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		ed with ha	hief executive offic	h said municipality	ı	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 state contractor or prospective state contractor? Yes Yes Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative								5.00		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C											
Last Name				First						MI	
Howard	Tylon									A. da	
Residential Street Address 63 Harvard Street				City Harti					State CT	Zip Code 06106	
Principal Occupation CNA						Name of Employ	rer				
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		h 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 state If yes, indicate which branch of government the contract is	or brai	anches	<u>-</u> -	e contractor?	Yes No		5.00	
Method of Contribution: Cash Personal Check C	>redit/Debit	Card	Payroll Deduction Money C	- 1	Date Re 08/27/2		Aggregate Contrib				
Last Name				First						Мі	
Mckenna Braiderliel Cheet Address				Cynt			Pennin .		T	Zip Code	
Residential Street Address 102 Waterside Lane			1	City West	st Hartfo	ord			State CT	215 Code 06107	
Principal Occupation Retired				·		Name of Employe	er				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?		does cor	bution is in excess of \$400 to a car intributor or business he/she is ass at more than \$5,000?		te for a chi	l nief executive office	n said municipality		Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	∏Y∈ ⊠No	1	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							100.00	
Method of Contribution: Cash Personal Check XC	redit/Debit	Card	Payroll Deduction Money Or	- 1	Date Red 07/10/2		Aggregate Contrib				
			SUBTO)TAI	_ Sect	lion B - This	Page			110.00	
			TOTAL of	addi	tional	Section B F	Pages			23112.33	
TOTAL O	FALL (RIBUTIONS FROM IND (Enter total on Line 13, Colu							23,222.33	

I. MONETARY RECEIPTS (Sections A - K)

NAME OF COMMITTEE (Pro	vide Comp.	lete Nam	e as Registered with Filing Repos	itory)				TYPE OF	REPORT	Page a or 100	
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definition)			ll Contributors-Receiv			riod ONLY L SECTION A	\$			0.00	
Last Name	- 9 <mark>6</mark> - 36		B. Itemized Contrib	i utic First	11.00 Sec. 11.00	ım İndlividus	elis			[MI	
Chambers				Micl	hael						
Residential Street Address 2 Congress Street				City State Zip Code Hartford CT 06114							
Principal Occupation Lawyer	_					Name of Employ Michael L. C		_		,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	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 h		h said municipalit		Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contribution associated with vent reported in Section L1? 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									100.00	
Method of Contribution: Cash Personal Check CC	of Contribution: Date Received 08/03/2023 Aggregate Contributions 08/03/2023										
Last Name Marrero				First	nayra		-			МІ	
Residential Street Address				City	пауга				State	Zip Code	
126 Walker Street				Man	cheste	er			СТ	06040	
Principal Occupation						Name of Employ	yer				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co		randidate for a chief executive officer of a municipality, ssociated with have a contract with said municipality Yes X) No					Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	 ⊠ N		ls contributor a principal of a sta If yes, indicate which branch of government the contract is	ate contractor or prospective state contractor? Or branches Or branches				Yes No	10.00		
Method of Contribution: Cash Personal Check C	redit/Debit	Card [Payroll Deduction Money C		Date Re 07/02		Aggregate Con				
Last Name			- 11111111	First					******	MI	
Torres				Javi	er ——						
Residential Street Address 84 Huntington Street				City Hart	ford				State CT	Zip Code 06105	
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 \$400 to a ca ntributor or business he/she is ass at more than \$5,000?		ed with h		h said municipality		Amour	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 sta If yes, indicate which branch of government the contract is	or bra			Legislative	☐ Yes ☒ No		5.00	
Method of Contribution: Cash Personal Check C	redit/Debit	Card	Payroll Deduction	rder	Date Re 08/16/		Aggregate Con 5.0				
			SUBTO	ATC	L Sec	lion B - This	Page			115.00	
			TOTAL of	add	itlena	Section B	Pages			23107.33	
TOTALO	FALL		RIBUTIONS FROM INC (Enter total on Line 13, Cold							23,222.33	

Page 9 of 100

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Re	oository)				TYPE OF	REPORT			
Lebron for Hartford								OCT10				
A. Total Contribution (See instructions for definitions)			ill Contributors-Rece nor)			eriod ONLY L SECTION A	\$			0.00		
A A COUNTY OF THE PROPERTY OF	P. Cale Control of the 2000 managan		All Marines of the State of the									
			B. Itemized Cont	ributi	ons fre)m Individus	als					
Last Name Adams				Firs Car				******		MI		
Residential Street Address				City					State	Zip Code		
12 Shultas Place					rtford				CT	06114		
Principal Occupation						Name of Employ	yer		<u> </u>	<u></u>		
Distributor						Poland Sprin	ıgs		<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of \$400 to a ontributor or business he/she is at more than \$5,000?		ited with h		th said municipality		Amour	nt of Contribution		
Is this contribution associated with	ш.		Is contributor a principal of a		intractor of			Yes	1	- 00		
an event reported in Section L1? If yes, list Event #	_ \overline{\ove		If yes, indicate which brai of government the contra			Executive	Legislative	X No		5.00		
Method of Contribution:					Date Re		Aggregate Contr					
X Cash ☐ Personal Check ☐ C	redit/Debit	Card _	Payroll Deduction Mone		09/16/	/2023	5.00)				
Last Name				First						МI О.		
Rodriguez												
Residential Street Address				City	/ rtford			!	State	Zip Code		
162 Park Street				Пан	tioru	T	<u></u>		СТ	06106		
Principal Occupation Principal						Name of Employ	₹					
·		Tu contri	bution is in excess of \$400 to a	Spipuso	to for a cl		<u> </u>		Amout	nt of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	outlon is in excess of \$400 to a intributor or business he/she is at more than \$5,000?		ted with ha		h said municipality		Pine	Il di donnie and		
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a			r prospective state	e contractor?	Yes		14.00		
If yes, list Event #	N	o	of government the contrac			Executive	Legislative	⊠ No		14.00		
Method of Contribution:					Date Re		Aggregate Contr					
Cash Personal Check C	redit/Debit	Card L	Payroll Deduction		07/15/	2023	14.0	0				
Last Name				First						M		
Rivera				Jose								
Residential Street Address 32 Capitol Avenue Apt 2E				City	rtford			ļ	State CT	Zip Code 06106		
		· · · · · · · · · · · · · · · · · · ·		f ton	liviu	T	,			06106		
Principal Occupation						Name of Employ Janokowski C	Cleaning		<u> </u>			
ls contributor a lobbyist, spouse,	☐ 162		oution is in excess of \$400 to a ntributor or business he/she is					<i>)</i> .	Amoun	nt of Contribution		
or dependent child of a lobbyist?	ΧNο		at more than \$5,000?		_	Yes XN						
Is this contribution associated with an event reported in Section L1?	Y∈		Is contributor a principal of a			prospective state	contractor?	Yes		100.00		
If yes, list Event #	⊠ No	٥	of government the contrac		:		Legislative	⊠ No		100.00		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Mone	v Order	Date Re 08/27/		Aggregate Contro 100.0	i	ĺ			
ES Oasii	Tours -	Out.								440.00		
			SUD	IUIA	L Seci	lion B - This	Page			119.00		
			TOTAL	of add	litional	Section B I	Pages			23103.33		
TOTAL O	FALL		RIBUTIONS FROM IN							23,222.33		

Revised January 2015					/LIE	G (Section	- K			Page 10 of 100		
NAME OF COMMITTEE (Pro	vide Comp.	ete Nam	e as Registered with Filing Repos	itary)				YPEOF	REPORT			
Lebron for Hartford							C	OCT10				
A. Total Contributio			ll Contributors-Recelv			riod ONLY SECTION A	\$	**		0.00		
Last Name			B. Itemized Contrib)Utile First		m Individua	S		20 - S	MI		
Scott				Kati	ìe							
Residential Street Address 111 Sheldon Road				City Mar	ncheste	r			State CT	Zip Code 06042		
Principal Occupation Host				Name of Employer Texas Road House								
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		Amou	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 sta If yes, indicate which branch of government the contract is	or bra	anches		contractor?	Yes No		10.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 07/02/2023 Aggregate Contribution: 10.00												
Last Name De Leon	• • • • • • • • • • • • • • • • • • • •			First Ros	i sendo					MI		
Residential Street Address 53 Cross Hill Road		City Wel	thersfiel	d			State CT	Zip Code 06109				
Principal Occupation Retired	,					Name of Employe	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?		ed with ha		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 sta If yes, indicate which branch of government the contract is	tate contractor or prospective state contractor? th or branches			contractor?	Yes No		60.00		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money C)rder	Date Re 07/29/		Aggregate Contrib 60.00	utions				
Last Name Perez				First Step	phanie					MI		
Residential Street Address				City Harl	tford				State CT	Zip Code 06119		
Principal Occupation Intensive Community Health	n Worker	<u>.</u>			- 1	Name of Employe Catholic Char						
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 t more than \$5,000?		ed with ha		said municipality		Amour	t of Contribution		
ls this contribution associated with an event reported in Section L1? If yes, list Event #	□ V		If yes, indicate which branch	ntributor a principal of a state contractor or prospective state contractor? yes, indicate which branch or branches government the contract is with: Executive Legislative						25.00		
Method of Contribution: Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money O	rder	Date Re-		Aggregate Contrib	utions				
			SUBTO	OTA	L Sect	ion B - This	Page			95.00		
						Section B R				23127.33		
TOTAL O	FALL	CONT	RIBUTIONS FROM INC	IVIC	JUALS	(Sections A	(i. i. i.)			23 222 33		

Page 11 of 100

										rage troi tee	
NAME OF COMMITTEE (Pro	vide Comp	olete Nam	ie as Registered with Filing Repos	iltory)				TYPEOF	REPORT		
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definition)			all Contributors-Receive			eriod ONLY L SECTION A				0.00	
			B. Itemized Contrib		10 m	m Individue	als				
Last Name Bates	_		,	First Tash	st shima					MI	
Residential Street Address	en.			City	,				State	Zip Code	
38 Chadwick Avenue	<u> </u>			Hart	rtford				СТ	06106	
Principal Occupation Homecare					,	Name of Employ Shauna Molle	-				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	ibution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ted with ha	hief executive office	icer of a municipalit ith said municipality		Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	this contribution associated with event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches										
Method of Contribution: Cash Personal Check XC											
Last Name				First						MI	
Arnold Residential Street Address				Pres			<u></u>		Totata	75- Code	
Residential Street Address 14518 Falling Leaf Ct					State MD	Zip Code 20878-3933					
Principal Occupation				<u></u>		Name of Employ	yer		<u></u>	<u>.l</u>	
Sales		1				Starbucks			1	· · · .=†	
ls 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?		ted with ha		th said municipality		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 stal If yes, indicate which branch of of government the contract is	or brai	anches :	Executive	Legislative	Yes No		100.00	
Method of Contribution: ☐ Cash ☐ Personal Check X C	Credit/Debit	t Card	Payroll Deduction Money C	Order	Date Re 07/14/		Aggregate Conti 450.0				
Last Name Rivas				First Glori						MI	
Residential Street Address				City					State	Zip Code	
813 Maple Avenue Apt L				Hartf					CT	06114	
Principal Occupation						Name of Employ Mini Mart	vet .				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does cor	bution is in excess of \$400 to a can ontributor or business he/she is asse at more than \$5,000?		ed with ha		th said municipality		Amour	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 stat If yes, indicate which branch of of government the contract is	or bran	ntractor or	r prospective state	e contractor?	Yes 🛛 No		5.00	
Method of Contribution: Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money Or		Date Red 09/07/2		Aggregate Contr	1			
				IATC	L Sect	tion B - This	s Page			130.00	
			TOTAL of	addi	itional	Section B	Pages	w		23092.33	
TOTAL O	FALL		RIBUTIONS FROM IND							23,222.33	

Page 12 of 100

NAME OF COMMITTEE (Provi	ide Compl	ete Nam	e as Registered with Filing Repos	ltory)				TYPE OF I	REPORT	- Fage 120(100	
Lebron for Hartford							(OCT10			
A. Total Contribution (See instructions for definition			ill Contributors-Receive			eriod ONLY L SECTION A	\$			0.00	
					an Tanan an Amin an		(a. 3%)				
			B. Itemized Contrib			ım individur	als				
Last Name Dodge				First Dalla	-		1100000			MI	
Residential Street Address 188 Westmont Street				City Wes	st Hartfo	iord		**	State CT	Zip Code 06117	
Principal Occupation Consiltant			-			Name of Employ	•		<u></u>		
Is contributor a lobbyist, spouse,	☐ Yes	does cor	ibution is in excess of \$400 to a car portributor or business he/she is ass at more than \$5,000?		ed with ha	hief executive office	icer of a municipality, th said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contribution associated with at reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes									250.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Cre	edit/Debit	Card [Payroll Deduction Money C)rder	Date Re 07/18/		Aggregate Contrib				
Last Name				First		<u> </u>			<u> </u>	MI	
Pedro Residential Street Address				Abre City					State	Zip Code	
34 Willard Street	1										
Principal Occupation Name of Employer Cleaner Jordan Cleaning											
		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 he		th said municipality		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 state of government the contract is	or brai	ntractor or	or prospective state		Yes X		5.00	
Method of Contribution:	edit/Debit	Card [Payroll Deduction Money O		Date Re 09/27/	ecelved /2023	Aggregate Contrib	utions			
Last Name Powell				First			<u></u>		<u></u>	МІ	
Powell Residential Street Address				Josh City					State	Zip Code	
501 S Lake Dasha Dr				1 1	ntation	***************************************			1 1	33324	
Principal Occupation Software Engineer						Name of Employ Excella	/er				
	□ res	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 <u>ha</u>		h said 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 of government the contract is	or brar with:	ntractor or anches	r prospective state	e contractor?	Yes No		250.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Cre	edit/Debit	Card _	Payroll Deduction Money O		Date Re 07/18/		Aggregate Contribution 1,500.00		_		
		n Tu	SUBTO)TAI	L Sect	tion B - This	Page			505.00	
			TOTAL of	addi	itional	Section B	Pages			22717.33	
TOTAL OF	ALL		RIBUTIONS FROM IND (Enter total on Line 13, Cold							23,222.33	

Page 13 of 100

NAME OF COMMITTEE (Pro	vide Compl	lete Nam	ie as Registered with Filing Repos	iltony)				TYPE OF	REPORT	1 age (90)	
Lebron for Hartford							(OCT10			
A. Total Contribution (See instructions for definition			ill Contributors-Receive			eriod ONLY LSECTION A	\$			0.00	
Last Name			B. Itemized Contrib	outio First		om lindlividus	ils			MI	
Lopez	· ···		·	Javi	er						
Residential Street Address 1315 Main St				City Hart	rtford				State CT	Zip Code	
Principal Occupation						Name of Employ	/er				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	ibution is in excess of \$400 to a cal ontributor or business he/she is ass at more than \$5,000?		ted with ha		th said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Secutive									75.00		
Method of Contribution: X Cash Personal Check C	Credit/Debit	Card	Payroll Deduction Money C	Order	Date Re 08/19/		Aggregate Contrib 75.00				
Last Name Mancini				First Aida						MI	
Residential Street Address City Manchester									State CT	Zip Code 06042	
Principal Occupation Arrival Team Associate		-		<u> </u>		Name of Employ St.francis Hos					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	TYPS	does cor	bution is in excess of \$400 to a car outributor or business he/she is ass at more than \$5,000?	ndidate sociate	ed with ha	hief executive office	cer of a municipality, h said municipality		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 stat If yes, indicate which branch of government the contract is	or brai	anches	r prospective state	e contractor?	Yes No		5.00	
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Co	redit/Debit	Card	Payroll Deduction Money O	Order	09/17/	eceived /2023	Aggregate Contrib	1			
Last Name Arroyo				First Isma						MI	
Residential Street Address 67 Evergreen Avenue				City Harti					State CT	Zip Code 06105	
Principal Occupation Mechanic				·		Name of Employe					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	does cor	bution is in excess of \$400 to a car outributor 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 #	☐Ye		Is contributor a principal of a stat If yes, indicate which branch of of government the contract is	or bran s with:	nches	r prospective state	contractor?	Yes No	100.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Cr	redit/Debit	Card	Payroll Deduction Money O		Date Re 09/12/2		Aggregate Contribu 100.00				
			SUBTO)TAI	_ Sect	tion B - This	Page			180.00	
			TOTAL of	addi	itional	Section B R	Pages			23042.33	
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu							23,222.33	

Page 14 of 100

NAME OF COMMITTEE (Pro	vide Compl	ete Nam	e as Registered with	Filing Flepos	itory)				TYPE OF I	REPORT	
Lebron for Hartford									OCT10		
A. Total Contributio							riod ONLY L SECTION A	\$			0.00
		The state of the s	B. Itemized	I Contrib	outic	ins fro	m Individua	ıls			
Last Name			The state of the s		First	The second second					MI
Hightower				!	Gre	gory			_		<u></u>
Residential Street Address					City			 		State	Zip Code
3 Lorraine Court				!	Bloc	omfield			!	СТ	06002-3126
Principal Occupation		-					Name of Employ	yer		 -	
Driver	·					!	M/A			<u></u>	
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Tes	does cor	bution is in excess of sontributor or business I at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with			Is contributor a princ		ate cor				Yes	{	
an event reported in Section L1?	X No		If yes, indicate w	which branch	or bra	anches			☐ Yes No		25.00
If yes, list Event # Method of Contribution:			of government th	10 СОППАСТЬ) Witti.	Date Re		Legislative Aggregate Contril			
Cash Personal Check XC	redit/Debit	Card [1 _{Pavroll} Deduction	Money C)rder	08/19/		Aggregate Contrit			
Last Name	100.0		A dyron		First					<u> </u>	М
Mantilla				1	Jenr						Ivii
Residential Street Address					City	· -				State	Zip Code
188 McClintock Street				J	1 1	v Britain	1		!	CT	2ip Code 06053
Principal Occupation							1				00030
Principal Occupation							Name of Employ	er			
ls contributor a lobbyist, spouse,	L res	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
or dependent child of a lobbyist?	(C) (.)		ontributor or business t at more than \$5,000?		i0Clare		ave a contract with Yes XN		1		
Is this contribution associated with	Ye	es	is contributor a princ			ntractor or	 		Yes		
an event reported in Section L1? If yes, list Event #	⊠No		If yes, indicate wo				Executive [Legislative	⊠ No		10.00
Method of Contribution:			0,5		7	Date Re		Aggregate Contrit			
Cash	redit/Debit	Card [Payroll Deduction	Money O)rder	07/02/2		10.00			
Last Name			-		First						MI
Lopez				J	Carli						
Residential Street Address					City					State	Zip Code
13 Maple Avenue				,	Harti	ford				СТ	06114
Principal Occupation							Name of Employ	.er			
DJ						J	CT Express V				
Is contributor a lobbyist, spouse,			bution is in excess of \$			te for a chi	lef executive office	er of a municipality,		Amoun	nt of Contribution
or dependent child of a lobbyist?	☐ res	does cor	intributor or business hat more than \$5,000?	he/she is ass		ed with ha	ave a contract with	h said municipality			
Is this contribution associated with	Ye	<u>. </u>	ls contributor a princ		to cor		Yes XN		Yes	į	ļ
an event reported in Section L1?	L Ye		If yes, indicate wi	vhich branch d	or brai	nches			∐ Yes		5.00
If yes, list Event # Method of Contribution:			of government th	e contract is	witn:			Legislative			
Method of Contribution: X Cash Personal Check C	tredit/Debit	Card [Payroll Deduction	Money C	irder	Date Red 09/16/2		Aggregate Contrib	rutions		
El Casil El Francis Silver	Buit Sur.	Jaiu	Payton Dougo			_					
				SUBTO	TAI	_ Sect	lion B - This	Page			40.00
					4	4.0	Section B		-		23182.33
TOTAL O	FALL (RIBUTIONS FR (Enter total on Lin								23,222.33

Page 15 of 100

NAME OF COMMITTEE (Pro	ivide Comp	lete Nam	e as Registered with Filing Repos	iitory)				TYPE OF	REPORT	
Lebron for Hartford								OCT10		
A. Total Contributio			ill Contributors-Receiv			riod ONLY L SECTION A	\$			0.00
			B. Itemized Contrib			m Individue	als			
Last Name Johnson	<u> </u>		,	First Willi						MI
Residential Street Address				City					State	Zip Code
120 Burke Street				Han	nden				СТ	06514-4820
Principal Occupation						Name of Employ	yer		<u> </u>	
Director						Wcgmf				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	ibution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		ed with ha		th said municipality		Amour	nt of Contribution
Is this contribution associated with	Y	/es	Is contributor a principal of a sta		ntractor o			Yes		130.00
an event reported in Section L1? If yes, list Event #	×Ω		If yes, indicate which branch of government the contract is			Executive	Legislative	⊠ No		100.00
Method of Contribution:					Date Re		Aggregate Con	itributions	1	
☐ Cash ☐ Personal Check ☒ C	credit/Debit	. Card	Payroll Deduction Money C)rder	07/03/	/2023	125.			
Last Name				First			<u>,</u>			MI
Barrows				Dale	ə 					
Residential Street Address				City					State	Zip Code
272 South Street				Hart	lford			- <u></u>	CT	06114
Principal Occupation						Name of Employ	yer			
Uber Driver						Self Employe	∌d			
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?	ndidate sociate	ed with ha	nief executive offic ave a contract with Yes XN	h said municipality	ty. /	Amoun	nt of Contribution
Is this contribution associated with		es	Is contributor a principal of a sta			prospective state	a contractor?	Yes	1	E 00
an event reported in Section L1? If yes, list Event #	. ⊠Ne	0	If yes, indicate which branch of government the contract is			Executive	Legislative	⊠ No		5.00
Method of Contribution:				l i	Date Re		Aggregate Cont		1	
X Cash Personal Check Cash	redit/Debit	Card 🔲	Payroll Deduction Money O	rder	09/25/	2023	5.0	0		
Last Name				First						М
Barker				Dwa	nyne				!	
Residential Street Address				City					State	Zip Code
89 Martin Street				Harti	ford				СТ	06120
Principal Occupation Two Brothers Grocery						Name of Employe				
	Yes	does con	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 #	☐ Ye		Is contributor a principal of a stat If yes, indicate which branch of of government the contract is	or brar	tractor or	prospective state		☐ Yes ☒ No	5.00	
Method of Contribution:				- 1	Date Re		Aggregate Cont	- 1	l .	
Cash	redit/Debit (Card 🔲	Payroll Deduction Money O	rder	09/08/	2023	5.00	<u>)</u>		
			SUBTO)TAI	_ Sect	lon B - This	Page			110.00
			TOTAL of	addi	itional	Section B R	Pages			23112,33
TOTAL O	FALL		RIBUTIONS FROM IND							23,222.33

SEEC FORM 20 I. MONETARY RECEIPTS (Sections A - K)

Page	16 of	100
Page -	IVOI	100

Revised January 2015								Page 16 of 100
NAME OF COMMITTEE (Pro	vide Complete Na	ime as Registered with Filing Repos	sitory)	10 m		TYPE OF I	REPORT	
Lebron for Hartford						OCT10		
A. Total Contribution (See Instructions for definition		nall Contributors-Receiv		eriod ONLY L SECTION A				0.00
		B. Itemized Contrib		om Indlvidu:	als			
Last Name Davila			First Julie					MI
Residential Street Address 404 Fairfield Avenue			City Hartford		, Ton 1		State CT	Zip Code 06114
Principal Occupation				Name of Emplo	yer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does o	atribution is in excess of \$400 to a ca contributor or business he/she is ass	ssociated with h	nave a contract wit	ith 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 sta If yes, indicate which branch of government the contract is	ate contractor o	_	te contractor?	☐ Yes		25.00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debit Card	Payroll Deduction Money O		leceived 3/2023	Aggregate Contri 25.00			
Last Name Gaynor			First Cassandra	à	-			MI
Residential Street Address 15 Hamilton Street			City Hartford				State CT	Zip Code 06106
Principal Occupation Student			4	Name of Employ	yer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	does o	tribution is in excess of \$400 to a car contributor or business he/she is ass d at more than \$5,000?			th said municipality	, 3	Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branches	or prospective state		Yes No		5.00
Method of Contribution: Cash Personal Check C	redit/Debit Card	Payroll Deduction Money C		eceived 0/2023	Aggregate Contri 5.00			
Last Name Matos		,	First Regino					MI
Residential Street Address			City				State	Zip Code
196 Somerset St			West Hartfe	ord			СТ	06110
Principal Occupation Driver	<u></u> -			Name of Employ Viking Fuel C	-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does o	tribution is in excess of \$400 to a car contributor or business he/she is ass d at more than \$5,000?	sociated with ha	hief executive officiave a contract with	th said municipality	1	Amoun	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	or prospective state		Yes X No		50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit Card	Payroll Deduction Money O	Date Re Order 09/02/		Aggregate Contril			
		SUBT	OTAL Sec	tion B - This	s Page			80.00
		TOTAL of	additiona	l Section B	Pages			23142.33
TOTAL O	F ALL CON	TRIBUTIONS FROM IND (Entertotal on Line 18, Colu						23,222.33

Page 17 of 100

									rage 1701 100		
NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Fling Repos	itory)			TYPE OF	REPORT			
Lebron for Hartford							OCT10				
A. Total Contribution (See instructions for definition)			II Contributors-Receiv		eriod ONLY L SECTION A	\$			0.00		
			B. Itemized Contrib		əm İndiyidus	ils			I.a.		
Last Name Gill				First Aaron					MI		
Residential Street Address 215 Lawrence Street				City Hartford		-		State	Zip Code 06106		
Principal Occupation				Hartford CT 0610 Name of Employer							
Engineer					Self Employe	_					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does co	oution is in excess of \$400 to a ca ntributor or business he/she is as at more than \$5,000?	sociated with I		fı .	Amount 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 in	or branches	_	contractor?	Yes No		50.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 07/21/2023 150.00											
Last Name				First					МІ		
Bailey				Brandon							
Residential Street Address 55 East Street				City Hartford				State CT	Zip Code 06120		
Principal Occupation Installer					Name of Employ Champion Ca						
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?	sociated with h		, ,	Amount 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 is	or branches		contractor?	Yes X No		5.00		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money C	Date R order 09/27	eceived /2023	Aggregate Contr 5.00					
Last Name				First					MI		
Ager				Kamarr							
Residential Street Address 140 Andover Street				City Hartford				State CT	Zip Code 06112		
Principal Occupation Worker					Name of Employ Magic Cleani						
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does cor	ution is in excess of \$400 to a ca htributor or business he/she is ass t more than \$5,000?	sociated with h		said municipality	ı	Amoun	t of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #							Yes No		5.00		
Method of Contribution: Cash Personal Check CC	redit/Debit	Card 🔲	Payroll Deduction Money O	1		Aggregate Contri 5.00					
			SUBTO	TAL Sec	lion B - This	Page			60.00		
			TOTAL of	additiona	l Section B l	Pages :			23162.33		
TOTAL	FALL (RIBUTIONS FROM INC						23,222.33		

I. MONETARY RECEIPTS (Sections A - K)

Page 18 of 100

										rage 1001 100	
NAME OF COMMITTEE (Prov	ide Compl	ete Name	e as Registered with Filing Repo	sitory)				TYPE OF	REPORT		
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definition			II Contributors-Recei			riod ONLY SECTION A	\$			0.00	
			B. Itemized Contri	butic	ons fro	ım İndividus	ils				
Last Name				Firs	t					MI	
Smith				Mai	rc						
Residential Street Address				City	,				State	Zip Code	
Principal Occupation						Name of Employ	/er				
Server						Texas Road	House				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes 図No	does co	bution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?		ted with h		h said municipality		Amoui	nt of Contribution	
Is this contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor? Yes											
an event reported in Section L1? If yes, list Event #	X	D	If yes, indicate which brand of government the contract			Executive	Legislative	X No		10.00	
Method of Contribution:	············				Date Re	eceived	Aggregate Cont	ributions			
Cash Personal Check C	redit/Debit	Card 🗀	Payroll Deduction Money	Order	07/02	/2023	10.0	0			
Last Name				Firs	t		···		<u>'</u>	MI	
Dakers				Ber	1						
Residential Street Address				City					State	Zip Code	
60 Kenneth Street Hartford CT										06114	
Principal Occupation						Name of Employ	rer			•	
Self Employed											
Is 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 a at more than \$5,000?		ed with h		n said municipality		Amount of Contribution		
Is this contribution associated with	Y)S	Is contributor a principal of a s			r prospective state	contractor?	Yes			
an event reported in Section L1? If yes, list Event #	X No	0	If yes, indicate which brand of government the contract			☐ Executive	Legislative	X No		40.00	
Method of Contribution:					Date Re	eceived	Aggregate Cont	ributions			
Cash Personal Check C	redit/Debit	Card [Payroll Deduction Money	Order	08/23/	2023	40.0	0			
Last Name				First	t					М	
Gervais				Var	essa						
Residential Street Address				City					State	Zip Code	
24 Ridge Crest Circle				Wei	thersfiel	d			СТ	06109	
Principal Occupation		,				Name of Employ	rer				
ls 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 at more than \$5,000?		ed with ha		n said municipality	/1	Amour	t of Contribution	
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a s If yes, indicate which branc of government the contract	h or bra	ntractor or	prospective state		Yes No		25.00	
If yes, list Event # Method of Contribution:			or government the contract	io vvitili.	Date Re		Aggregate Contr				
☐ Cash ☐ Personal Check ☐ Cr	redit/Debit	Card	Payroll Deduction Money	Order	07/01/		25.0				
			, suet	'ОТА	L Seci	lon B - This	Page	·····		75.00	
		4	TOTAL	f add	litional	Section B I	^o ages			23147.33	
TOTAL O	FALL		RIBUTIONS FROM IN (Entertatel on Line 13, Co					****		23,222.33	

Page 19 of 100

					A STATE OF THE STA					ALCONOMIC STATES	
NAME OF COMMITTEE (PRO	svide Comp	lete Nam	e as Registered with r	Iling Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford		-							OCT10		
A. Total Contribution (See instructions for definition)							eriod ONLY L SECTION A	\$			0.00
356.27.354	2000) King and		and find the contract of the c	300000		Section,	Macana and an an an an an an an an an an an an an	SERVICE			
			B. Itemized	Contrib			om Individua	Alb			
Last Name Ortiz	-				First Shai	antae			<u></u> -		MI
Residential Street Address					City					State	Zip Code
Residential Street Address 62 Vineland Terrace				1	1 1	rtford			,	State	Zip Code 06112
Principal Occupation							Name of Employe	war		<u></u>	<u></u>
Server					_		Texas Road I	-	·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does co	ibution is in excess of \$ ontributor or business h at more than \$5,000?	he/she is ass		ted with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with	γ <u></u> Υ	/es	Is contributor a princ			ntractor or			Yes	1	
an event reported in Section L1? If yes, list Event #	_ \(\overline{\o		If yes, indicate who of government the	vhich branch	n or brai	anches		Legislative	X No		375.00
Method of Contribution: Date Received Aggregate Contributions											
Cash Personal Check	Credit/Debit	Card	Payroll Deduction	Money O	Order	09/25/2	2023	385.00	ر —ا		· <u> </u>
Last Name					First	i				<u></u>	MI
Funrmann					Ama	anda					
Residential Street Address					City					State	Zip Code
15 Stanley Street					East	t Hartfor	rd			СТ	06108
Principal Occupation							Name of Employe	er			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does cor	ibution is in excess of \$ ontributor or business h at more than \$5,000?			ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with	_ ···		Is contributor a princi			ntractor or			Yes		10.00
an event reported in Section L1? • If yes, list Event #	N ₁		If yes, indicate wh of government the				Executive	Legislative	X No		10.00
Method of Contribution:				-		Date Rec	·	Aggregate Contrib			
X Cash ☐ Personal Check ☐ C	Oredit/Debit	Card	Payroll Deduction	☐Money O	Irder	07/02/2	2023	10.00			· · · · · · · · · · · · · · · · · · ·
Last Name					First						MI
Cardona					Crist	tina				!	
Residential Street Address					City					State	Zip Code
134 Churchill Drive					New	vington				СТ	06111
Principal Occupation	_	-		-	-		Name of Employe	er		_	_
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$4 ontributor or business he at more than \$5,000?	400 to a car le/she is ass	ndidate sociate	ed with hav	I nief executive office ave a contract with Yes XNc	h said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y€ ☑No		Is contributor a principular if yes, indicate who of government the	hich branch d	or bran s with:	anches [prospective state	contractor?	☐ Yes ☒ No		25.00
Method of Contribution: Cash Personal Check C	Credit/Debit	Card	Payroll Deduction	☐Money O	- 1	Date Red 07/01/2	ı	Aggregate Contribu 25.00	ı		<u> </u>
				SUBTO	TAI	L Secti	lion B - This	Page			410.00
			70	TAL of	addi	itional	Section B P	ages .			22812.33
TOTAL C	FALL		RIBUTIONS FR								23,222.33

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A - K)

Page 20 of 100

NAME OF COMMITTEE (Provide	ie Compl	ete Nami	e as Registered with Filing Repo	sitory)		111	T	YPE OF I	REPORT	
Lebron for Hartford	·						0	CT10		
A. Total Contribution		4.0	II Contributors-Receiv			riod ONLY SECTION A	\$			0.00
(Boo Managarette 1971)	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	90////	<u> </u>	<u> </u>		<u> </u>		·		
			B. Itemized Contril	putic	ıns fro	m Individua	ils			
Last Name			1111	First				A STATE OF THE PARTY OF THE PAR	***************************************	MI
Morris				-	enice					
Residential Street Address 63 Huntington St 3e				City	tford				State CT	Zip Code 06105
Principal Occupation				1	10.2	Name of Employ	JAT			100100
Campaign Coordinator						Lebron for Ha				
	☐Yes XNo	does cor	bution is in excess of \$400 to a ca entributor or business he/she is as at more than \$5,000?		ed with ha		h said municipality		Amour	nt of Contribution
is this contribution associated with		L	Is contributor a principal of a st	ate cor				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 No									20.00
Method of Contribution: Date Received Aggregate Contributions										
Cash Personal Check Cre	dit/Debit	Card	Payroll Deduction Money	Order	08/10/	2023	185.00			
Last Name				First	i					MI
Andaleeb				Ace						
Residential Street Address				City					State CT	Zip Code
690 Albany Avenue Hartford										06112
Principal Occupation						Name of Employe	er			
Owns property on Albany Ave		Г., _{си}	(8/00.1-							
	☐Yes XNo	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 ha		n said municipality		Amoun	nt of Contribution
Is this contribution associated with	Ye	es	Is contributor a principal of a sta		ntractor or			Yes		
an event reported in Section L1? If yes, list Event #	⊠ No	0	If yes, indicate which branch of government the contract i.			Executive [Legislative	X No		250.00
Method of Contribution:					Date Re		Aggregate Contribu	itions	l	
Cash Personal Check X Cre	dit/Debit	Card 🔲	Payroll Deduction Money (Order	07/31/2	2023	750.00			
Last Name				First						MI
Salmon				Cyni	thia					
Residential Street Address				City					State	Zip Code
49 Elmer Street 1st				Hart	fora				СТ	06120
Principal Occupation Social Worker						Name of Employe State of CT D				
		If contrib	oution is in excess of \$400 to a ca	endidat					Amour	nt of Contribution
		does cor	ntributor or business he/she is as at more than \$5,000?		ed with ha		said municipality		Amoun	it 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	ĺ	50.00
If yes, list Event #	X No)	If yes, indicate which branch of government the contract is			Executive [Legislative	X No		50.00
Method of Contribution:			_		Date Red	· ·	Aggregate Contribu	tions		
Cash Personal Check X Cred	dit/Debit (Card 📙	Payroll Deduction Money C)rder	09/12/2	2023	100.00		<u> </u>	
			SUBT	OTA	L Sect	ion B - This	Page			320.00
			TOTAL of	add	itional	Section B F	ages			22902.33
TOTAL OF	ALL (RIBUTIONS FROM IND (Enter total on Line 13, Col							23,222.33

Page 21 of 100

-											
NAME OF COMMITTEE (Pro	vide Compl	lete Nam	ie as Registered with Filing Repo	sitory)			-	TYPE OF I	REPORT		
Lebron for Hartford							(OCT10		400-4	
A. Total Contribution (See instructions for definition)			all Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00	
			B. Itemized Contrib	outic	ins fro)m Individue	als				
Last Name		S. A. C. Palation of Concession, Name of Conce		First	i				HI STORY CONTRACTOR OF THE STO	MI	
Ruiz				Ene	ida						
Residential Street Address				City			***************************************		State	Zip Code	
1723 Main Street				Hart	tford		·		СТ	06120	
Principal Occupation						Name of Employ	yer				
					·	SSI					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	ribution is in excess of \$400 to a ca ontributor or business he/she is as at more than \$5,000?		led with ha		th said municipality		Amour	nt of Contribution	
ls this contribution associated with		es	Is contributor a principal of a sta	ate cor				Yes	1		
an event reported in Section L1? If yes, list Event #	X No		If yes, indicate which branch of government the contract is	h or brai	anches		Legislative	⊠ No	5.00		
Method of Contribution:			Of government	2 ******	Date Re		Aggregate Contrib		-	İ	
Cash Personal Check	Oredit/Debit	Card [Payroll Deduction Money (Order	08/23/		5.00	!			
Last Name				First						MI	
Jackson				Ang	jela						
Residential Street Address				City					State	Zip Code	
150 Oakland Terrace 1st Fl	loor			1 -	tford			1	СТ	06112	
Principal Occupation				<u></u>		Name of Employe	ver	***		<u> </u>	
Homemaker					,	Homemaker	.				
Is contributor a lobbyist, spouse,			ibution is in excess of \$400 to a ca						Amour	nt of Contribution	
or dependent child of a lobbyist?			ontributor or business he/she is as: at more than \$5,000?	sociate	_	ave a contract with		1	1	I	
Is this contribution associated with			Is contributor a principal of a sta	ate cor				Yes	1		
an event reported in Section L1?	☑ No		If yes, indicate which branch of government the contract is	h or brai	anches	_ ` .	Legislative	⊠ No		50.00	
If yes, list Event # Method of Contribution:			Of government are contact a		Date Re	<u></u>	Aggregate Contribi		1		
Cash Personal Check XC	\redit/Debit	Card [Pavroll Deduction ☐Money (09/12/		50.00				
Last Name			Ji wyron a carrier	First						М	
Davis			!	Greg					!	l and a second	
Residential Street Address				City					State	Zip Code	
55 Mills Ln			,	1 1	omfield			1	1	06002	
Principal Occupation				<u> </u>	1	Name of Employe	·or			0000	
Homemaker					1	Homemaker	31				
	<u> </u>	If contril	bution is in excess of \$400 to a ca	endidat		L	er of a municipality,		Amour	nt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	does cor	ontributor or business he/she is ass at more than \$5,000?		ed with ha	ave a contract with	n said municipality				
Is this contribution associated with		Щ,				Yes XNo		Yes			
an event reported in Section L1?	∏Ye ⊠No		Is contributor a principal of a sta If yes, indicate which branch	or bran	nches			∐ Yes ⊠ No	ĺ	25.00	
If yes, list Event #	٠٠٠ما	<u></u>	of government the contract is		,		Legislative		ĺ		
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	· · · · · · · · · · · · · · · · · · ·	~~~	In well Destroller Money C	ł	Date Red 09/12/2		Aggregate Contribu	tions	l		
LI Cash Li Personal Olleck	(eall/Denic	Jaru									
			SUBTO	JTAL	_ Sect	ilon B - This	Page			80.00	
			process and the second second			Section B P				23142.33	
TOTAL O	FALLC		RIBUTIONS FROM IND (Enter total on Line 13, Cold							23,222.33	

I. MONETARY RECEIPTS (Sections A - K)

Revised January 2015											Page 22 of 100
NAME OF COMMITTEE (PIO	vide Compl	ete Nami	e as Registered with Filing Repos	itory)		995 - 165 916 - 165 1865 - 165			TYPE OF F	REPORT	
Lebron for Hartford						***************************************		(OCT10		
A. Total Contribution (See instructions for definition			II Contributors-Receiv			riod ONLY SECTION A	\$				0.00
Last Name			B. Itemized Contrib	oution I First	ns fro	ım İndividus	als				MI
Mitchell				Mark	:						A
Residential Street Address 140 Maple Avenue D				City Hartfo	ord					State CT	Zip Code 06114
Principal Occupation Associate Professor						Name of Employ George Maso	=	rsity			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		d with ha		th said muni			Amour	nt of Contribution
ls 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 branc		r prospective state			Yes No		100.00
Method of Contribution: Cash Personal Check CC	redit/Debit	Card	Payroll Deduction Money C		Date Re 09/13/		1	te Contrib 250.00	1		
Last Name Rodriguez				First Britta	ıny						MI
Residential Street Address 14272 Cheval Danforth Cou	urt			City Orlan	ndo		<u></u>			State FL	Zip Code 32828
Principal Occupation Deseit Catcorberries						Name of Employ Self	/er				
Is contributor a lobbylst, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of \$400 to a ca intributor or business he/she is ass at more than \$5,000?		d with ha		th said munic			Amour	nt of Contribution
ls 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 branc	ches	r prospective state			Yes No		500.00
Method of Contribution:	redit/Debit	Card	Payroll Deduction X Money C		Date Re 07/14/		Aggregat	te Contrib 1,000.0			_
Last Name Holmes				First Kenne	eth						MI
Residential Street Address 55 Buckingham Street				City Hartfo	ord					State CT	Zip Code 06106
Principal Occupation CNA						Name of Employ	/er				
Is 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?		with ha		h said munic			Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐Y∈ ☑No		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brand s with:	ractor or ches	prospective state	e contractor	tive	Yes No		5.00
Method of Contribution: Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money C	- 1	Date Re- 08/27/2		Aggregate	te Contribi 5.00	utions		
			SUBTO	DTAL	Sect	lion 8 - This	Page				605.00
			TOTAL of	addit	lonal	Section B l	Pages				22617.33
TOTAL O	FALL		RIBUTIONS FROM IND								23,222.33

Page 23 of 100

NAME OF COMMITTEE (Pro	vide Compi	lete Nam	ie as Registered with Filing Repos	sitory)				TYPE OF I	REPORT	
Lebron for Hartford		<u>-</u>		_				OCT10		
A. Total Contribution		0.000	ill Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00
	III/Ser_	300	[0]					t		
	and the second second		B. Itemized Contrib			əm İndividur	als			
Last Name Rodriguez				First Joel						MI
Residential Street Address			1	City		<u></u>			State	Zip Code
14272 Cheval Danforth Cou	urt		· · · · · · · · · · · · · · · · · · ·	1 .	ando				FL	32828
Principal Occupation Maintenance						Name of Employ Disney	yer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	ibution is in excess of \$400 to a cal ontributor or business he/she is ass at more than \$5,000?		ted with h		th said municipality	F	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Y	'es	Is contributor a principal of a sta		ntractor o		·	Yes		500.00
If yes, list Event #	X No	0	If yes, indicate which branch of government the contract is		:		Legislative	⊠ No		500.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ C	Credit/Debit	Card [Payroll Deduction X Money C	Order	1	leceived 1/2023	Aggregate Contrit			
Last Name				First	-					MI
Huwlett				Hen					T	- A.J.
Residential Street Address			1	City				1	State	Zip Code
Principal Occupation				<u> </u>		Name of Employ	yer			<u></u>
Cleaner			·			Jam-pro				
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?		ted with ha		th said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	ب، ر <u>ب</u>		Is contributor a principal of a state					Yes		5.00
If yes, list Event #	No	.	of government the contract is	s with:			Legislative	⊠ No	1	0.00
Method of Contribution: X Cash Personal Check C	Credit/Debit	Card	Payroll Deduction Money C		Date Re 08/26/	eceived 5/2023	Aggregate Contrib			
Last Name				First			<u></u>			MI
Bellon				Migo	dalia					
Residential Street Address 41 West Beacon Street				City Wes	st Hartfo	ord		1	State CT	Zip Code 06119
Principal Occupation					draw	Name of Employ			<u> </u>	00113
Retired						Retired				
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		h said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		es	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or brai	ntractor or anches	r prospective state		Yes No		935.00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	Credit/Debit	Card	Payroll Deduction Money Or)rder	Date Re 07/21/		Aggregate Contrib			
				DTA	L Sect	tion B - This	Page	· 1.		1,440.00
			TOTAL of	add	itional	l Section B A	Pages			21782.33
TOTAL O	FALL		RIBUTIONS FROM IND (Enter lotal on Line 13, Colu							23,222.33

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A - K)

Page 24 of 100

										Page 2401 100
NAME OF COMMITTEE (Pro	vide Comp	lete Nami	e as Registered with Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford								OCT10		
A. Total Contributio			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00
		100	B. Itemized Contrib			m Individua	ils			
Last Name Journet				First	_					MI
Residential Street Address				City					State	Zip Code
21 Toll Gate Road				1 1	thersfiel	ld			CT	06109
Principal Occupation						Name of Employ	/er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ 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 ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with		es	Is contributor a principal of a sta					Yes		
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate which branch of government the contract is			Executive	Legislative	⊠ No		100.00
Method of Contribution:					Date Re		Aggregate Con			
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction Money C)rder	09/07/	2023	100.	00		
Last Name				First						MI
Rodriguez				Yadi	ira ———					
Residential Street Address	_			City	-				State	Zip Code
49 Orange Street				Hart	ford	-			СТ	06106
Principal Occupation						Name of Employ	iet			į
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	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		h 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 sta If yes, indicate which branch of government the contract is	or brai	nches	<u>.</u> .	contractor?	Yes X		10.00
Method of Contribution:					Date Re		Aggregate Cont			
X Cash Personal Check	redit/Debit	Card 🔲	Payroll Deduction Money C	- 1	07/01/		10.0			
Last Name				First	L					М
Arnold			!	Pres	ston					
Residential Street Address				City					State	Zip Code
14518 Falling Leaf Ct				Gaitl	hersbu	rg			MD	20878-3933
Principal Occupation						Name of Employ	ver	<u> </u>		
Sales						Starbucks				
Is 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		Amoun	nt of Contribution
Is this contribution associated with	□ Y ₁	es	Is contributor a principal of a sta					Yes		
an event reported in Section L1? If yes, list Event #	ΧN	.0	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ No		100.00
Method of Contribution:			<u> </u>	T	Date Re	ceived	Aggregate Cont	ributions		:
Cash Personal Check CC	redit/Debit	Card	Payroll Deduction Money C)rder	07/14/	2023	450.	00		
			SUBTO	IATC	L Sect	lion 6 - This	Page			210.00
			TOTAL of	addi	itional	Section B I	Pagas			23012.33
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Coli							23,222.33

Page 25 of 100

NAME OF COMMITTEE (PIO	vide Comp	ilete Nam	ie as Registered with Filing R	lepository	A			TYPE OF	REPORT	
Lebron for Hartford				e distribution o				OCT10		<u>Service de la constanta de la</u>
A. Total Contributio							\$		<u></u>	0.00
(See instructions for definition	on of Small	Contribut	tor)	SU	ATOTA	AL SECTION A	Ψ			
			B. Itemized Con	tribut	ions fr	om Individu	als			
Last Name				Fir						MI
Coursey			·	Mε	ary					
Residential Street Address				Cit	•				State	Zip Code
21 Walbridge Rd				VVe	est Hart				СТ	06119
Principal Occupation						Name of Employ	•			
PR consultant		- ,		E-1		Coursey & C			T	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	bution is in excess of \$400 to ontributor or business he/she i at more than \$5,000?		ated with I		th said municipality		Атоиг	nt of Contribution
Is this contribution associated with	Y	/es	Is contributor a principal of		ontractor			Yes		== 00
an event reported in Section L1? If yes, list Event #	ΣΝ		If yes, indicate which bre of government the contra	anch or b	branches	_	Legislative	⊠ No		50.00
Method of Contribution:						Received	Aggregate Contr	ributions	1	
☐ Cash ☐ Personal Check 🛛 C	credit/Debit	Card _	Payroll Deduction Mon	iey Order	07/2/	4/2023	100.0			·
Last Name				Fire	st	***************************************			· · · · · · · · · · · · · · · · · · ·	МІ
Vargas				Na	atalie	_				V
Residential Street Address				City	a y				State	Zip Code
97 Farmington Avenue Waterbury								СТ	06710	
Principal Occupation						Name of Employ	yer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	bution is in excess of \$400 to intributor or business he/she i at more than \$5,000?		ated with h		th said municipality	/ ₁	Amour	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 If yes, indicate which bra of government the contra	anch or bi	ranches	_	e contractor?	Yes No	10.00	
Method of Contribution:			Oi government	30170		Received	Aggregate Contri		1	
Cash Personal Check	redit/Debit	Card 🗀	Payroll Deduction Mon	ey Order		8/2023	10.00		1	
Last Name				Firs			<u></u>			МІ
Ortiz				Ch	nazz				!	
Residential Street Address				City	у				State	Zip Code
235 Farmington Ave	_	_		Ha	rtford			_!	СТ	06105
Principal Occupation						Name of Employ	yer			
Pharmacy Technician	_	_				CVS Pharma	.су			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		does con	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?	a candida s associa	ated with h	chief executive office have a contract with	h said municipality	3	Amoun	nt of Contribution
Is this contribution associated with			Is contributor a principal of a	a state co				Yes		
an event reported in Section L1? If yes, list Event #	∑ No	1	If yes, indicate which bra of government the contra	anch or br	ranches		Legislative	X No	ĺ	10.00
Method of Contribution:						Received	Aggregate Contri		i	
Cash Personal Check X C	redit/Debit	Card 🔲	Payroll Deduction Mon	ey Order	08/12	2/2023	580.0	0	<u></u>	
			SUF	3TOT#	AL Sec	tion B - This	Page			70.00
			TOTAL	of add	anoitik	I Section B	Pages			23152.33
TOTAL O	FALL		RIBUTIONS FROM I							23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page 26 of 100

										rage 2001 100
NAME OF COMMITTEE (PIO	vide Comp	ilete Nam	e as Registered with Filing Repos	iltory)				TYPEOF	REPORT	
Lebron for Hartford								OCT10		
A. Total Contributio			II Contributors-Receiv			riod ONLY SECTION A	\$		110.11	0.00
Poor mentanens of Gentler	II or cine.	Conmo	<u> </u>							
			B. Itemized Contrib		02811.0051.005	m Individua	ls			
Last Name Wolfson				First Johi						MI
Residential Street Address				City					State	Zip Code
1 High Meadow Road				Bloc	omfield	I			СТ	06002
Principal Occupation Attorney						Name of Employ Feiner Wolfso				
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		n said municipality		Amour	nt of Contribution
Is this contribution associated with	Y		Is contributor a principal of a sta		itractor o			☐ Yes	1	
an event reported in Section L1? If yes, list Event #	N X	4o	If yes, indicate which branch of government the contract is			Executive	Legislative	No No		500.00
Method of Contribution:	redit/Debi	Card	Payroll Deduction Money C	Order	Date Re 08/15/		Aggregate Cont			
Last Name				First	1					MI
Goode				She	lley					
Residential Street Address				City				·	State	Zip Code
55 Victory Drive				New Haven						
Principal Occupation Adjudicator						Name of Employ CT DOL	et			
ls contributor a lobbyist, spouse,	Yes		bution is in excess of \$400 to a ca entributor or business he/she is as						Amour	nt of Contribution
or dependent child of a lobbyist?	X No		at more than \$5,000?	SOCIALE		Yes XN				
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a sta			prospective state	contractor?	Yes		20.00
If yes, list Event #	<u> </u>	10	of government the contract is	s with:			Legislative	⊠ No		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debil	t Card	Payroll Deduction Money C		Date Re 07/01/		Aggregate Cont 20.0			
Last Name				First						MI
Cruz				Ari						
Residential Street Address				City					State	Zip Code
51 Alps Drive				Easi	t Hartfo	rd r			СТ	06108
Principal Occupation Admin						Name of Employ Lebron for Ha				:
Is 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 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 #	□ Y		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	tractor or	prospective state	.,.	Yes X No		20.00
Method of Contribution:	rodit/Dobit	- Card F	Payroll Deduction Money O)rdor	Date Re 07/01/	ceived	Aggregate Contr			
Coash Creisonal Creek Co	redivbeni	Calu		1927 - 1927		ion 6 - This				540.00
						Section B F				22682.33
TOTAL O	FALL	CONT	RIBUTIONS FROM INC	- 15 Te						23,222.33
			(Enter total on Line 13, Call	umn i	4 of Sui	nmary Page To	ofals)			۷۵,۸۵۵.۵۵

Page 27 of 100

	The second second second second	San San San San San San San San San San		- ALIVARIAN LINES		ATTENDED TO THE PROPERTY OF TH	WOODS OF THE PROPERTY OF THE PA	- NOVEMBER OF THE PROPERTY OF	AND STREET, ST	CONTRACTOR OF THE PROPERTY OF
NAME OF COMMITTEE (Pro	ivide Comp	lete Nam	ie as Registered with Filing Repos	illory)				TYPE OF I	REPORT	
Lebron for Hartford								OCT10		
A. Total Contributio			all Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00
			B. Itemized Contrib	outic	ins fro	sm Individur	als			
Last Name				First				6.00		MI
Gonzalez-Robles		_		War	nda _					
Residential Street Address			<u> </u>	Cîty					State	Zip Code
20 Rossetto Drive			:	Mar	ncheste	2			СТ	06042
Principal Occupation		<u> </u>	·	·		Name of Employ	•	-		
Administrative	_					UConn Healti	.h			·····
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	ibution is in excess of \$400 to a ca contributor or business he/she is ass at more than \$5,000?		ted with ha		th said municipality		Amour	nt of Contribution
Is this contribution associated with		/es	Is contributor a principal of a sta	ate cor				Yes	1	
an event reported in Section L1? If yes, list Event #			If yes, indicate which branch of government the contract is	or bra	anches		Legislative	⊠ No		500.00
Method of Contribution:	<u>-</u>				Date Re		Aggregate Cont	tributions	1	
X Cash ☐ Personal Check ☐ C	∑redit/Debit	. Card	Payroll Deduction)rder	08/18/	/2023	760.0			- <u></u>
Last Name				First	į.					МІ
Fernandez				Geo	orgina				·	
Residential Street Address				City					State	Zip Code
195 Sigourney Street	Sigourney Street Hartford CT 0								06105	
Principal Occupation						Name of Employe				
Is contributor a lobbyist, spouse,	Yes		bution is in excess of \$400 to a car			hief executive office	cer of a municipality		Amour	nt of Contribution
or dependent child of a lobbyist?	☐ Yes X No	does cor	ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality			!
Is this contribution associated with	 □Ye	es	Is contributor a principal of a sta	ate cor				Yes		
an event reported in Section L1? If yes, list Event #	⊠ No		If yes, indicate which branch of government the contract is	or brai	anches	Executive [Legislative	⊠ No		75.00
Method of Contribution:			or govern		Date Re		Aggregate Contr		1	ı
Cash Personal Check	Credit/Debit	Card	Payroll Deduction Money C	1	07/14/		100.0			
Last Name				First			<u></u>			MI
Lebron			!	Luis	<i>i</i>	·		_		
Residential Street Address				City					State	Zip Code
Principal Occupation						Name of Employe	/or			
типоры обощи					ļ	Tunie C	51			1
Is contributor a lobbyist, spouse,			bution is in excess of \$400 to a car						Amour	nt of Contribution
or dependent child of a lobbyist?	573 st.		ontributor or business he/she is ass at more than \$5,000?	iociate		ave a contract with Yes XN		ļ	1	
Is this contribution associated with	I Ye	es	Is contributor a principal of a state		ntractor or			Yes	1	
an event reported in Section L1? If yes, list Event #	⊠ No	1	If yes, indicate which branch of government the contract is	or brai	nches		Legislative	X No	1	700.00
Method of Contribution:					Date Re		Aggregate Contr	ributions	1	
X Cash ☐ Personal Check ☐ Cash	redit/Debit /	Card 🔲	Payroll Deduction Money O	rder	09/15/2		700.0	1	l	
	<u>10</u>		SUBT(ATC	L Sect	lion B - This	Page			1,275.00
			TOTAL of	addi	itional	l Section B R	Pages			21947.33
TOTAL O	FALL		RIBUTIONS FROM IND							23,222.33

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A - K)

Page 2	8 of	100
--------	------	-----

	- CONTRACTOR OF THE PARTY OF TH	- Committee of the Comm								I age #001 .co
NAME OF COMMITTEE (Pro	vide Comp	alete Nam	ie as Registered with Filling Repos	itory)				TYPE OF	REPORT	morting and the second second
Lebron for Hartford								OCT10		
A. Total Contributio			ill Contributors-Réceive			eriod ONLY L SECTION A	\$			0.00
	2000000									***************************************
			B. Itemized Contrib	outic	ns fro	ım İndividus	als	in a second		
Last Name		Collection of the Collection o		First	l					MI
Gersten				Eliot	t					
Residential Street Address		_	···	City					State	Zip Code
231 Farmington Avenue				Farr	mington	T			СТ	06032
Principal Occupation Member					!	Name of Employ	=			
		I _{u santri}	" attending to a second of \$400 to a oc	- 4140		Pullman & Co			1 1	· · · · · · · · · · · · · · · · · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	ibution is in excess of \$400 to a car contributor or business he/she is ass at more than \$5,000?		ted with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with	<u> </u>		Is contributor a principal of a sta			<u> </u>	····	Yes		
an event reported in Section L1? If yes, list Event #	_ \(\overline{\o	.Vo	If yes, indicate which branch of government the contract is			Executive	Legislative	X No		500.00
Method of Contribution:				-	Date Re		Aggregate Cont		-	
Cash Personal Check	redit/Debit	t Card	Payroll Deduction Money O	∤rder	09/20/	/2023	1,500	.00		
Last Name		,		First						MI
Speiller				Lenr	ny					
Residential Street Address				City				1	State	Zip Code
342 Yale Ave				New	w Haven	1			СТ	06515
Principal Occupation				Name of Employer						
Director of Communications	j				!	City of New H			-	
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?	ndidate sociate	ed with ha	hief executive office ave a contract with Yes XN	h said municipality	У ₁	Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	<u>. </u>		Is contributor a principal of a state			r prospective state	ontractor?	Yes		400.00
If yes, list Event #	<u> </u>	10	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ №	1	100.00
Method of Contribution:					Date Re		Aggregate Contr		1	
Cash Personal Check	redit/Debit	≀Card [_	Payroll Deduction Money O		07/15/	2023	100.0)0		
Last Name				First						MI
Ortiz				Cha					<u></u>	
Residential Street Address			J	City					State	Zip Code
235 Farmington Ave				Hart					СТ	06105
Principal Occupation Pharmacy Technician					ı	Name of Employe				
		It contri	" 11 1- 1: 2	- Salar		CVS Pharmad				· · · · · · · · · · · · · · · · · · ·
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		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	□Y	1	Is contributor a principal of a stat			prospective state	contractor?	Yes	ĺ	F00 00
If yes, list Event #	ΣN	lo !	If yes, indicate which branch of government the contract is		nches	Executive	Legislative	⊠ No	l	500.00
Method of Contribution:			_		Date Re		Aggregate Contr		İ	
Cash	≀redit/Debit	Card L	Payroll Deduction Money Or	rder	09/18/	2023	580.0)0		
			SUBTO	ATC	L Sect	tion B - This	Page			1,100.00
				\$ 244		l Section B P				22122.33
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Cold							23,222.33

Page 29 of 100

NAME OF COMMITTEE (Pro	ovide Comp	lete Nan	ne as Registered with Filing Repos	illory)				TYPE OF I	REPORT	
Lebron for Hartford				_				OCT10		
A. Total Contribution			all Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00
					a transmission of the second					
			B. Itemized Contrib			m Individus	als			
Last Name Soto Mayor				First Mich	t chael					MI
Residential Street Address		<u>,</u>		City	/				State	Zip Code
200 South Marshall Street				Hari	rtford				СТ	06105
Principal Occupation Legislative Liason						Name of Employ State of CT	er			
Is contributor a lobbyist, spouse, or dependent child of a tobbyist?	Yes No	does co	ibution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ted with ha		h said municipality		Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ribution associated with Pes Is contributor a principal of a state contractor or prospective state contractor? Yes ported in Section L1? If yes, indicate which branch or branches									5.00
Method of Contribution: Cash Personal Check C	Credit/Debit	Card [Date Re 09/01/	leceived	Aggregate Contri	1		
Last Name				First						МІ
Guzman				Eric	·····				T 21-to	0-1-
Residential Street Address 11 Margarita Drive			l	City Hart	rtford			!	State CT	Zip Code 06106
Principal Occupation			•			Name of Employe	•			
Barber		T., contri	ibution is in excess of \$400 to a car	-dida	'- for a c'	Ct players ba		-	T Amou	nt of Contribution
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does co	ibution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?		ted with ha		h said municipality		Pine -	It of Comments.
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ye		Is contributor a principal of a state of the state of government the contract is	or brai	anches		e contractor?	Yes No		250.00
Method of Contribution:	-				Date Re	eceived	Aggregate Contri	ributions	1	I
Cash Personal Check XC	credit/Debit	Card _	Payroli Deduction Money O		08/14/	/2023	500.0			
Last Name Soto				First Orla	t ando				1	MI
Residential Street Address				City			Ferri una		State	Zip Code
100 Wells Street				Hart	iford				СТ	06103
Principal Occupation Clerk					•	Name of Employe Dog Breeder				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	does cor	bution is in excess of \$400 to a can 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? If yes, list Event #	Ye		Is contributor a principal of a stat If yes, indicate which branch of of government the contract is	or brai	ntractor or anches	r prospective state		Yes No		5.00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Ca	redit/Debit	Card [Payroll Deduction Money O	rder	Date Re 09/02/		Aggregate Contril			
			SUBTO)TAI	L Sect	tion B - This	Page			260.00
			TOTAL of	add	itional	l Section B R	Pages			22962.33
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu.					_	·	23,222.33

SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A - K)

Page 30 of 100

										Tage 5501 755
NAME OF COMMITTEE (Pro	vide Comp	lete Nami	e as Registered with Filing Repos	itory)	100			TYPE OF	REPORT	
Lebron for Hartford								OCT10		
A. Total Contributio			II Contributors-Receive			riod ONLY SECTION A	\$			0.00
(accentantions of comme	III OI GILIGII	GOMINE.	<u> </u>	362						
			B. Itemized Contrib	utio	ins fro	m Individua	ls			Market Brown
Last Name				First						М
Marie Cantres				Alys	sa					
Residential Street Address 41 Duval Street			!	City	ncheste				State CT	Zip Code
				IVICAL	ICHESIC	·			U1	06042
Principal Occupation Host						Name of Employ Texas Road I				
		If contril	bution is in excess of \$400 to a car	ındidat	e for a ch				Amour	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	ontributor or business he/she is ass at more than \$5,000?		ed with ha		n said municipality		1111	n or continue
Is this contribution associated with	ΩY		Is contributor a principal of a sta			r prospective state	contractor?	Yes	•	40.00
an event reported in Section L1? If yes, list Event #	MΝ	10	If yes, indicate which branch of government the contract is			☐ Executive	Legislative	No.		10.00
Method of Contribution:					Date Re		Aggregate Contr			
☐ Cash ☐ Personal Check ☐ C	redit/Debit	Card _	Payroll Deduction Money O	ırder	07/02/	2023	10.00)		
Last Name				First						М
Anglera				Luis	i					
Residential Street Address				City		_			State	Zip Code
66 Bedford Street				Hart	ford	-			СТ	06120
Principal Occupation T-Shirts						Name of Employ				
I-Snins				- 1-1		Business Ow			. <u> </u>	
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		said municipality	•	Amour	nt of Contribution
Is this contribution associated with	Y	'es	Is contributor a principal of a sta-					Yes		
an event reported in Section L1? If yes, list Event #	MΝ	lo l	If yes, indicate which branch of government the contract is			Executive (Legislative	X No		5.00
Method of Contribution:					Date Re		Aggregate Contr	butions		
X Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money O	rder	08/29/	2023	5.00			
Last Name				First						MI
Ortiz				Suns	shine					
Residential Street Address			1	City	د. د				State	Zip Code
18 Essex St				Hart	tora	r			СТ	06114
Principal Occupation Account Manager Custome	- Candoc	_				Name of Employ				
Account Manager Customer				77-1-4		Central Pape			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	oution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		ed with ha		said municipality	İ	Amoun	t of Contribution
Is this contribution associated with	ΟY	'es	Is contributor a principal of a sta					Yes		-47.00
an event reported in Section L1? If yes, list Event #	XN	io l	If yes, indicate which branch of government the contract is			Executive [Legislative	X No		515.00
Method of Contribution:					Date Re		Aggregate Contri	butions		
Cash Personal Check C	redit/Debit	Card 🔲	Payroll Deduction Money O	rder	09/25/	2023	1,000.0	00		
			SUBTO	ATC	L Sect	ion B - This	Page			530.00
	NIA.		TOTAL of	addi	itional	Section B (² ages		****	22692.33
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu					***	***	23,222.33

Page 31 of 100

NAME OF COMMITTEE (Pro	vide Compl	lete Nam	ie as Registered with I	Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford									OCT10		
A. Total Contribution (See instructions for definitions)	Commence of the second second second		and the second s		A CONTRACTOR OF THE PARTY		riod ONLY L SECTION A	\$			0.00
										<u> </u>	
			B. Itemized	Contrib	jutic	ın s fre	om Individua	ls			
Last Name	The state of the s	Section	SSL 95-GSH THESITA SH HYDDAGD-manned Shares and Street	The second secon	First	İ		A Solid for Control of	S (print) particular and a second	200-11-0	MI
Barber	_			_	Lery	<i>'</i>					
Residential Street Address					City				,	State	Zip Code
79 Gilman Street					Har	tford			!	СТ	06114
Principal Occupation							Name of Employe	er			
Barber							Self Employe	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes 図No	does co	ibution is in excess of \$ ontributor or business h at more than \$5,000?	he/she is ass		ed with ha		n said municipality		Amour	nt of Contribution
Is this contribution associated with		 es	Is contributor a princ	cipal of a ste	ate cor				Yes		
an event reported in Section L1? If yes, list Event #	X M		If yes, indicate wi	vhich branch	or bra	anches		Legislative	∑ No		5.00
Method of Contribution:			0, 30, 5	.6 00m	- Francis	Date Re		Aggregate Contrib		1	
	Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/23/2023 5.00										
Last Name					First		<u> </u>			<u> </u>	МІ
Johnson Shari									!		
Residential Street Address	ential Street Address City								State	Zip Code	
97 Vine St 209					Hart	tford			1	СТ	06112
Principal Occupation Name of Employer										<u> </u>	
Pharmacy Technician						ļ	Trinity Health				
ls contributor a lobbyist, spouse,	Yes	If contri	ibution Is in excess of \$	\$400 to a ca	andida'	te for a ch			. 	Amour	nt of Contribution
or dependent child of a lobbyist?	∐ Yes ∑ No	does co	ontributor or business hat more than \$5,000?			ed with ha		said municipality	1		
Is this contribution associated with	 	l	Is contributor a princ	cinal of a sta	ate cor			· · · · · · · · · · · · · · · · · · ·	Yes		
an event reported in Section L1?	∑ No		If yes, indicate wh	hich branch	or brai		_ ` _	Legislative	⊠ No	1	10.00
If yes, list Event #			of government the	e contract is	Witti.	Date Re		Aggregate Contrib		f	
Method of Contribution: Cash Personal Check XC	`redit/Debit	Card	1 Payroll Deduction	Money C)rder	07/29/	***	Aggregate Contract 55.00		1	
Last Name			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		First						lmi
Williams		_			Patri						
Residential Street Address					City					State	Zip Code
154 Collins St. C2					Hart	ford				СТ	06105
Principal Occupation							Name of Employe	er			
Community School Director							Catholic Chari	ities			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	does cor	bution is in excess of \$- ontributor or business he at more than \$5,000?			ed with ha		said municipality		Amoun	nt of Contribution
ls this contribution associated with	Ye	es	ls contributor a princi	ipal of a sta	te con				Yes	1	_
an event reported in Section L1? If yes, list Event #	⊠ No		If yes, indicate wh				Executive	Legislative	X No	1	35.00
Method of Contribution:			- J			Date Re		Aggregate Contrib	outions	1	
Cash Personal Check XC	redit/Debit (Card	JPayroll Deduction	☐Money O	rder	09/12/2	j	160.00	- 1	l ·	
				SUBTO	IATC	L Sect	ion B - This	Page	1		50.00
			TO)TAL of	addi	tional	Section B P	ages ·			23172.33
TOTAL O	F ALL (RIBUTIONS FR (Enter total on Line								23,222.33

I. MONETARY RECEIPTS (Sections A - K)

PD8 ^C	32 of	100
~808	OK OI	100

11011002 5										Page 32 of 100	
NAME OF COMMITTEE (Pro	vide Comp	ilete Nam	e as Registered with Filling Repos	itory)				TYPE OF	REPORT		
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definition)			III Contributors-Receive			riod ONLY SECTION A	\$			0.00	
		(Collaboration		<u> </u>						· · · · · · · · · · · · · · · · · · ·	
Last Name			B. Itemized Contrib	outlo First		ım individua	ils	31: 75		MI	
Cruz-Serrano			ŀ	San						MI	
Residential Street Address 113 Stage Coach Rd				City	dsor				State	Zip Code	
				VVIII	asui	T	<u> </u>		СТ	06095	
Principal Occupation Administrator	···					Name of Employ Crec	/er 		<u></u>		
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?	ndidati sociati	ed with ha	hief executive office ave a contract with Yes XN	h said municipality	у,	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?	<u> </u>		Is contributor a principal of a sta		ntractor or			Yes			
If yes, list Event #	ΣN	ol. —	If yes, indicate which branch of government the contract is			Executive [Legislative	X No	200.00		
Method of Contribution:					Date Re		Aggregate Cont				
Cash Personal Check XC	redit/Debit	Card L	Payroll Deduction		09/29/	/2023	200.0	30			
Last Name Agosto			l	First Victo					·	MI	
Residential Street Address				City			<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>	State	Zip Code	
151 Hillside Avenue			1	Hart					СТ	06106	
Principal Occupation		<u></u>				Name of Employ	/er				
District Manager						Textile	<u>-</u>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yeş ※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			Amount of Contribution			
is this contribution associated with an event reported in Section L1?	□ Ye		Is contributor a principal of a state	or brai	nches	<u></u>	_	Yes	5.00		
If yes, list Event # Method of Contribution:			of government the contract is		Date Re		Legislative	No No			
Cash Personal Check	credit/Debit	Card	Payroll Deduction Money C	ı	09/07/		Aggregate Cont 5.00			•	
Last Name				First						М	
Walker				Brid	gette						
Residential Street Address				City			<u>,</u>		State	Zip Code	
167 Madison Street				Hart	ford				СТ	06106	
Principal Occupation Para						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?		ed with <u>ha</u>	ave a contract with	said municipality		Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	Ye	/es	Is contributor a principal of a stat	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches							
// // // // // // // // // // // // //	٠٠٠٠		of government the contract is	with:	I		Legislative	X No			
Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money O	rder	Date Re 09/17/	-	Aggregate Contr 5.00				
			SUBTO	ATC	L Sect	lion B - This	Page			210.00	
			TOTAL of	addi	itlonal	Section B A	² ages			23012.33	
TOTAL	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu							23,222.33	

Page 33 of 100

Revised January 2015										Page 3301 100		
NAME OF COMMITTEE (Pro	vide Comp	lete Nam	ne as Registered with Filing Reposi	illory)				TYPE OF	REPORT			
Lebron for Hartford								OCT10				
A. Total Contribution (See instructions for definition)			ill Contributors-Receive			eriod ONLY LSECTION A	\$			0.00		
			B. Itemized Contrib		uni en en en en en en en en en en en en en	əm İndividu	alš					
Last Name Matos			,	First Wild						MI		
Residential Street Address 196 Somerset Street				City Wes	st Hartf	ford			State CT	Zip Code 06110		
Principal Occupation Retired				<u> </u>		Name of Employ	yer					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	ibution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?	.ndidat .sociat	ted with h	chief executive offic have a contract with	th said municipal	ality, lity	Amour	int of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #		'es	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	ntractor o anches	Executive	te contractor?	Yes X No	25.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☑ C	Oredit/Debit	Card	Payroll Deduction Money C)rder	1	Received 2/2023	Aggregate Co 25	ontributions 5.00				
Last Name Diaz				First Ruth			(1 ⁴)		10000	MI		
Residential Street Address 14 Hillside Avenue				City Hart	tford				State CT	Zip Code 06106		
Principal Occupation Operator						Name of Employ	yer			<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 car ontributor or business he/she is ass at more than \$5,000?		ed with h	chief executive office	th said municipali		Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	cociated with Yes Is contributor a principal of a state contractor or prospective state							Yes		500.00		
Method of Contribution: X Cash Personal Check C	Credit/Debit	Card	Payroll Deduction Money O)rder	Date Re 09/28/	leceived 3/2023	Aggregate Co 650	ontributions 0.00				
Last Name Rochester				First Andr						МІ		
Residential Street Address 48 Prospect St.				City East	t Hartfo	ord	Array .		State CT	Zip Code 06108		
Principal Occupation Art Curator				<u> </u>		Name of Employ	/er		· · · · · · · · · · · · · · · · · · ·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	butor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,								Amour	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contribution associated with Yes is contributor a principal of a state contractor or prospective state contractor? Yes vent reported in Section L1?								100.00			
Method of Contribution: Cash Personal Check XC	redit/Debit	Card	Payroll Deduction Money Or		Date Re 07/18/		Aggregate Con 100	ontributions 0.00		··· <u>·</u>		
			SUBTO	TAI	L Sec	tlon B - This	Page			625.00		
			TOTAL of	addi	itiona	l Section B I	Pages			22597.33		
TOTAL O	F ALL (RIBUTIONS FROM IND (Entertotal on Line 13, Colu							23,222.33		

Page 34 of 100

NAME OF COMMITTEE (Pro	vide Campi	lete Nam	e as Registered with Filing Repos	ritory)				TYPE OF	REPORT		
Lebron for Hartford								OCT10			
A. Total Contributio			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00	
Marie Carlos Car		ET States and						•			
			B. Itemized Contrib	outio	ns fre	ım individus	ils				
Last Name				First						MI	
Rodriguez				Bria	nna						
Residential Street Address 14272 Cheval Danforth Cou				City Orla	-540				State	Zip Code	
	Ulia	Huo	Talama of Employ			FL_	32828				
Principal Occupation						Name of Employ	/er				
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			Amount of Contribution			
Is this contribution associated with		es es	Is contributor a principal of a sta		tractor o			Yes	500.00		
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate which branch of government the contract is			Executive	Legislative	⊠ No			
Method of Contribution:	<u></u>				Date Re	eceived	Aggregate Contr	ributions			
X Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money C	Order	09/29/	/2023	500.0)0			
Last Name				First						МІ	
Morris				Des				T			
Residential Street Address 8 Lisbon Street				City Hart				State	Zip Code		
				Tian	Joru	T., , E			СТ	06106	
Principal Occupation						Name of Employ	/er				
ls contributor a lobbyist, spouse,	□Yes	If contri	bution is in excess of \$400 to a ca	ındidat	e for a ch	ief executive offic	er of a municipality	γ,	Amount of Contribution		
or dependent child of a lobbyist?	No	does co valued :	ontributor or business he/she is ass at more than \$5,000?	ssociated with have a contract with said municipality Yes No							
Is this contribution associated with		es	Is contributor a principal of a sta		itractor o			Yes	1		
an event reported in Section L1? If yes, list Event #	⊠ No	0	If yes, indicate which branch of government the contract is		nches	☐ Executive	Legislative	X No		5.00	
Method of Contribution:					Date Re		Aggregate Contr			ļ	
Cash Personal Check C	redit/Debit	Card _	Payroll Deduction Money C	أحسر	08/17/	/2023	5.00)			
Last Name Montanez			1	First Nerio				_	_	Mi	
					0 а			.,			
Residential Street Address 50 Maple Avenue			!	City Harti	ford				State CT	Zip Code 06114	
Principal Occupation			, <u></u>	Ш_	10	Name of Employ				00114	
Coordinator		•			i	Senior Service					
Is contributor a lobbyist, spouse,	Yes		bution is in excess of \$400 to a ca					/,	Amoun	t of Contribution	
or dependent child of a lobbyist?	⊠No		ntributor or business he/she is ass at more than \$5,000?	sociate		ave a contract with					
Is this contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor?									5.00		
an event reported in Section L1? If yes, list Event #	XN	o !	If yes, indicate which branch of government the contract is		nches	Executive [Legislative	X No		5.00	
Method of Contribution: X Cash Personal Check C	:redit/Debit	Card [Payroll Deduction Money C)rder	Date Re 08/25/		Aggregate Contri				
E) Clark E. S. S. S. S. S. S. S. S. S. S. S. S. S.	Journ De La	Jana		1							
			SUDIT	JIAI	L Seci	lion B - This	Page			510.00	
			TOTAL of	addi	itional	Section B l	Pages			22712.33	
TOTAL O	FALL		RIBUTIONS FROM IND							23,222.33	

Page 35 of 100

NAME OF COMMITTEE (Pro	wide Comp	lete Nam	le as Registered with Filing Repos	itory)				TYPE OF I	REPORT	Tage 3501 100		
Lebron for Hartford								OCT10				
A. Total Contribution (See instructions for definition)			ill Contributors-Receive dor)			eriod ONLY L SECTION A	\$			0.00		
			B. Itemized Contrib	- Carlotte		m Individus	als					
Last Name Barlowe			!	First Jare						MI		
Residential Street Address 1429 Park Street	City Hart	tford				State CT	Zip Code 06106					
Principal Occupation Stay at home dad				i		Name of Employe	-			<u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X 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		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Y. ⊠ №	'es	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	ntractor or anches	or prospective state	e contractor?	Yes No		5.00		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	Credit/Debit	Card	Payroll Deduction Money C)rder	Date Re 09/27/	eceived 7/2023	Aggregate Control 5.00					
Last Name			-	First					<u> </u>	МІ		
Acosta Residential Street Address				Jeffr City	<u>-</u>				State	Zip Code		
368 Vine Street	_	_		Hart				!	CT	06112		
Principal Occupation Floor Cleaner		<u>*************************************</u>				Name of Employ Jam Pro	<i>r</i> er		<u> </u>			
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		Amour	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	th Yes Is contributor a principal of a state contractor or prospective state contractor?									5.00		
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money O	order	09/15/		Aggregate Contr 5.00	3				
Last Name Hennessy				First Mattl	thew					MI		
Residential Street Address 161 Tremont Street				City					State	Zip Code		
Principal Occupation		<u></u>		F10, .,	- T	Name of Employe		1	СТ	06105		
Managing Director Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	ependent child of a lobbyist?								Amour	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contribution associated with vent reported in Section L1? Yes								125.00			
Method of Contribution: ☐ Cash ☐ Personal Check 🔀 C	redit/Debit	Card 🔲	Payroll Deduction Money Or		Date Re 07/28/		Aggregate Contri 125.0					
)TAI	_ Sect	ilon B - This	Page			135.00		
			TOTAL of	addi	tional	l Section B R	Pages			23087.33		
TOTAL O	FALL		RIBUTIONS FROM IND							23,222.33		

I. MONETARY RECEIPTS (Sections A - K)

Page 36 of 100

										Page 3001 100		
NAME OF COMMITTEE (Prov	vide Compl	lete Nam	e as Registered with Filing Repos	itory)			31: 20 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	TYPE OF	REPORT	366		
Lebron for Hartford								OCT10				
A. Total Contributio			ill Contributors-Receiv			eriod ONLY L SECTION A	\$, W. H.	0.00		
			B. Itemized Contrib		374 May 1072	om Individus	als					
Last Name Muniz			1	First Lind						MI		
Residential Street Address		Įs.		City				-	State	Zip Code		
402 Willard Street Apt S Principal Occupation				Han	tford	Name of Employ			СТ	06105		
Nail Technician						Roxy Nails	/er					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does co	bution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		ed with h		th said municipality		Amount of Contribution 5.00			
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	anches	or prospective state		☐ Yes ☒ No				
Method of Contribution:	redit/Debit	Card [Payroll Deduction Money C	Order		Received 1/2023	Aggregate Cont					
Last Name				First						MI		
Robles				Jose)							
Residential Street Address 20 Rossetto Drive			!	City Man	ncheste	er		ļ	State CT	Zip Code 06042		
Principal Occupation				<u> </u>		Name of Employ	ver			100042		
Realtor						Lewis Real E						
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	orientator a topolytot, spouse, 198						andidate for a chief executive officer of a municipality, ssociated with have a contract with said municipality Yes No					
Is this contribution associated with an event reported in Section L1?	□ Y:		Is contributor a principal of a sta					Yes		300.00		
If yes, list Event #	N 🔀	0	of government the contract is	s with:			Legislative	⊠ No				
Method of Contribution: ☐ Cash ☐ Personal Check 🔀 C	redit/Debit	Card	Percoli Deduction Money C			Received 0/2023	Aggregate Cont 1,005					
Last Name	Tedio Desi,	Odia	JEdyrog Dougonori	First			-1	,00		MI		
Cooper				"	/vaugh	1						
Residential Street Address				City					State	Zip Code		
31 Olmsted Street				Easi	t Hartfo	1			СТ	06108		
Principal Occupation						Name of Employ	er					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?									nt of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ate con or brai s with:	nches	or prospective state	Yes No	10.00							
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Co		~~~ L	Payroll Deduction Money O		1	Received 1/2023	Aggregate Cont 10.0					
[A] Cash [] Personal Check [] C	edit/Depit	Caro										
			SUBIC)TAI	_ Sec	tion B - This	Page			315.00		
						il Section B I				22907.33		
TOTALO	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu							23,222.33		

Page 37 of 100

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)									TYPE OF REPORT			
Lebron for Hartford							(OCT10				
A. Total Contributions from (See instructions for definition of Small)						riod ONLY Section A	\$			0.00		
		B. Itemize	i Contrili	outic	ins fic	om Individus	ils			37		
Last Name				First						М		
Valentin				Dor	naid							
Residential Street Address	•			City Har	tford				State CT	Zip Code		
Principal Occupation			******	•		Name of Employ	/er					
Alumni						Gunnery						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	bution is in excess of ontributor or business at more than \$5,0007	he/she is as		ed with he		n said municipality		Amour	nt of Contribution		
Is this contribution associated with	/es	Is contributor a pri	ncipal of a sta	ite cor		<u> </u>		Yes	1			
an event reported in Section L17 If yes, list Event #		If yes, indicate of government to				☐ Executive	Legislative	∑ No		5.00		
Method of Contribution:		o, go	, o contract to		Date Re		Aggregate Contrib	utions				
X Cash Personal Check Credit/Debi	Card	Payroll Deduction	Money C	rder	09/11/	2023	5.00					
Last Name				First					ı	MI		
Jones				Tau	rean							
Residential Street Address				City					State	Zip Code		
3020 Prosperity Church Road I-979)			Cha	rlotte				NC	28269		
Principal Occupation						Name of Employ	er					
General 3						Make Ready	America					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	bution is in excess of intributor or business at more than \$5,000?	he/she is ass		ed with ha		said municipality		Amount of Contribution			
Is this contribution associated with an event reported in Section L1?		Is contributor a prin	•			prospective state	contractor?	Yes		50.00		
If yes, list Event #	10	of government t				Executive	Legislative	X No				
Method of Contribution:		.	-		Date Re 07/11/	==	Aggregate Contrib					
Cash Personal Check Credit/Debit	Card _	Payroll Deduction	∐Money O			2023	100.00					
Last Name Serrano				First Diar	nond					MI		
Residential Street Address				City					State	Zip Code		
737 Hillside Avenue				Hart	ford			_	CT	06106		
Principal Occupation						Name of Employ	er					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	pution is in excess of ntributor or business at more than \$5,000?	he/she is ass	ndidat sociate	ed with ha	ief executive offici ive a contract with Yes XN	said municipality		Amoun	t of Contribution		
Is this contribution associated with an event reported in Section L1?		Is contributor a prin			tractor or			Yes		10.00		
If yes, list Event #	0	of government to				Executive [Legislative	X No				
Method of Contribution: Cash Personal Check Credit/Debit	Card	Payroll Deduction	Money O	rder	Date Re 07/02/		Aggregate Contrib	tions				
			SUBTO)TA	L Sect	lon B - This	Page			65.00		
		π(OTAL of	addi	itional	Section B P	Pages			23157.33		
TOTAL OF ALL		RIBUTIONS FI								23,222.33		

Page 38 of 100

to the second

										rage obol too	
NAME OF COMMITTEE (Pro	vide Comp	ilete Nam	le as Registered with Filing Repos	iltory)				TYPE OF	REPORT		
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definition			III Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00	
	250000000000000000000000000000000000000		Selection of the select	Steen.	State on the state of the state					· · · · · · · · · · · · · · · · · · ·	
	ene gre		B. Itemized Contrib	outio	ins fro	om Individua	als				
Last Name Santana				First				-	Bolina-	Mi	
Residential Street Address				Cas	ssandra				State	Zip Code	
291 Buckingham Street			1	1 1	tford	. <u></u>	<u></u>		CT	06106	
Principal Occupation Assistant					,	Name of Employ	•				
ls contributor a lobbyist, spouse,	Yes		ibution is in excess of \$400 to a cal			chief executive offic	cer of a municipality		Amou	nt of Contribution	
or dependent child of a lobbyist?	X No		ontributor or business he/she is ass at more than \$5,000?	sociate	_	nave a contract with					
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a sta If yes, indicate which branch					Yes	1	750.00	
If yes, list Event #	_ ⊠N	10	of government the contract is		•		Legislative	X No	_	/00.00	
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	Predit/Debit	it Card [Pavroll Deduction) order	1	Received 1/2023	Aggregate Contri 1,000.0			!	
Last Name	102		II ayıcı.	First	<u> </u>				<u> </u>	MI	
Duncan		_		Robe	-			_			
Residential Street Address				City					State	Zip Code	
4 Holley Lane				Pros	spect				СТ	06712	
Principal Occupation	_				_	Name of Employ	-		_		
Administration		T		"-lai		Connecticut (T 2	***************************************	
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	·	Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1?	ш.		Is contributor a principal of a sta					Yes		250.00	
If yes, list Event #	<u>X</u> N	10	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ No		250.00	
Method of Contribution:					1	leceived	Aggregate Contril				
Cash Personal Check XC	redit/Debit	Card L	Payroll Deduction Money U		07/15/	/2023	1,000.0	<u>)</u> 0	<u> </u>		
Last Name Fleming			1	First Brad					ı	MI	
Residential Street Address				City					State	Zip Code	
47 Old Quarry Rd.				Guilf				1	CT	06437	
Principal Occupation						Name of Employe	/er	•			
Real Estate						Self					
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		h said municipality	,	Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1?		1	Is contributor a principal of a state		ntractor or			Yes		220.00	
an event reported in Section L1? If yes, list Event #	XN	io !	If yes, Indicate which branch of government the contract is			Executive [Legislative	⊠ No		333.33	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	~~dii/Debil	~~~~ [Transport Dodiction	1	Date Re 07/01/		Aggregate Contrit			•	
Cash Creating Chees	leav	Caru _						<u>. </u>		1 000 00	
						tion B - This	Mile .			1,333.33	
TOTAL						I Section B F				21889.00	
IUIALU	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colu							23,222.33	

Page 39 of 100

NAME OF COMMITTEE (Prov	ride Compl	ete Nam	e as Registered with	Filing Repos	iltory)				TYPE OF	REPORT	
Lebron for Hartford				···				i	OCT10		
A. Total Contribution (See instructions for definition		Section Section					riod ONLY L SECTION A	\$			0.00
A CASA CASA CASA CASA CASA CASA CASA CA	Contraction		Part of the Part (Charles) transferred gets and the construction of the construction o	GH 60500 Hotelman serve een	William property	**************************************	(Company)				
			B. Itemized	I Contrit	autic	ns fro	m Individua	ils			
Last Name	Section	200 Million or constitution of the constitutio	Stratilline Chamber of the Control o	Bibliograph to the comment	First		Fill Late To the Commission of	Section 1991	200	2000-00-00-00-00-00-00-00-00-00-00-00-00	MI
Rivera Martinez					Carl	los					М.
Residential Street Address					City					State	Zip Code
190 Burnside Avenue				- 	Eas	t Hartfo	rd			СТ	06108
Principal Occupation	_				_		Name of Employe	er		_	
totheries labbulat analiga	П.,	If contri	bution is in excess of S	\$400 to a ca	-ndida	te for a cl	nief executive offic	er of a municipality	<i>i</i> .	Amou	nt of Contribution
	Yes	does cor	ontributor or business t at more than \$5,000?	he/she is ass		ted with ha		h said municipality			A OI COMME
Is this contribution associated with	Y∈	es	Is contributor a princ				r prospective state	econtractor?	Yes	1	40.00
an event reported in Section L1? If yes, list Event #	⊠No	0	If yes, indicate w of government th				Executive [Legislative	⊠ No		10.00
Method of Contribution:			<u></u>			Date Re		Aggregate Contril	butions	1	
X Cash ☐ Personal Check ☐ Cr	redit/Debit	Card	Payroll Deduction	Money C)rder	07/08/	2023	10.00		_	
Last Name				1	First						МІ
Gastrell					Bara	a				1	
Residential Street Address					City					State	Zip Code
71 Wilson Street				,	1 1	tford			,	CT	06106
Principal Occupation					<u></u>	7	Name of Employe	/er		1	
Homemaker						1		21		4	
ls contributor a lobbyist, spouse,			bution is in excess of \$							Amour	nt of Contribution
	☐ Yes	does cor	ontributor or business hat more than \$5,000?	he/she is ass		ed with ha		h said municipality	1		
Is this contribution associated with		l	Is contributor a princ		ate cor	<u> </u>			Yes		
an event reported in Section L1?	∑ No		If yes, indicate wi	vhich branch i	or brai	anches		_	∐ No		5.00
// yes, list Event # Method of Contribution:			of government th	10 СОПІТАСТ 10	Witti.	Date Re		Legislative Aggregate Contrib		1	
Method of Contribution: X Cash	rodit/Debit	Card	Devroll Deduction	□ _{Money C}	\rder	08/25/2		Aggregate Contrib	unons		
Last Name	Buildoon.	Jaiu	Payroli Doduo	I IVIOLIO,	First						IMI
Sanchez				1	Lesli					!	Mil
										Otato	T'- Ondo
Residential Street Address 35 Wind Rd				1	City East	t Hartfor	rd		ı	State CT	Zip Code 06108
					Lu.		····.				00100
Principal Occupation Truck Driver						į.	Name of Employe				
				· · · · · · · · · · · · · · · · · · ·	7:1-1		TOJ Logistics			1	
	LI Yes	does cor	bution is in excess of \$ intributor or business h at more than \$5,000?	he/she is ass		ed with ha		said municipality		Amoun	nt of Contribution
Is this contribution associated with	_ Ye	as	Is contributor a princ	•		tractor or			Yes		
an event reported in Section L1? If yes, list Event #	⊠N∘	,	If yes, indicate wi	vnich branch d	or bran	nches		Legislative	⊠ No		100.00
Method of Contribution:			9-1			Date Red		Aggregate Contrib	outions	1	
Cash Personal Check Cre	edit/Debit (Card 🔲	Payroll Deduction	☐Money Or		08/04/2		150.00			
				SUBTO	IATC	L Sect	ion B - This	Page			115.00
				TAL of	add)	ltional	Section B P	?ages			23107.33
TOTAL OF	FALL		RIBUTIONS FR				(Sections A				23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page	40 of	100

NAME OF COMMITTEE (Prov	ride Comp	ete Namı	e as Registered with	Filing Repos	itory)			T	TYPE OF	REPORT	
Lebron for Hartford								C	OCT10		
A. Total Contribution (See instructions for definition					1976 THE R. P. LEWIS CO.		riod ONLY Section A	\$			0.00
			B. Itemized	d Contrib			m Individua	ils		- N	
Last Name Lau					First Chri	i Istine					MI
Residential Street Address					City					State	Zip Code
3-5 Canterbury Court				1	1	dletown	ı			СТ	06457
Principal Occupation							Name of Employ	/er			
Retired							Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes X No	does cor	oution is in excess of ntributor or business at more than \$5,000?	s he/she is ass		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with	event reported in Section 112										05.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:										25.00
Method of Contribution:						Date Re		Aggregate Contrib	utions		
Cash Personal Check XC	redit/Debit	Card 🔲	Payroll Deduction	Money O	rder	07/03/	2023	50.00			
Last Name					First						MI
Davidson					Dav	ida					
Residential Street Address					City	ام، - الد				State	Zip Code
63 Wilson St Hartford										СТ	06106
Principal Occupation Nurse						1	Name of Employ	rer			
		te contrib		* # 400 to a aa	-"-Int	- f o ob	Hhemg	· · · · · · · · · · · · · · · · · · ·		T	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X No	does cor	oution is in excess of ntributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?			Is contributor a prin	•			prospective state	contractor?	Yes		50.00
If yes, list Event #	X	0	If yes, indicate w of government to				Executive (Legislative	⊠ No		50.00
Method of Contribution:						Date Re		Aggregate Contribu			
Cash Personal Check XC	redit/Debit	Card 🔲	Payroll Deduction	Молеу О	rder	09/12/	2023	654.30			
Last Name					First						MI
Lowe					Hen	ry ——				_	
Residential Street Address 17 Wadsworth Street					City Hart	Hord				State	Zip Code
					Пап	.loiu	I			CT	06106
Principal Occupation Cashier		•					Name of Employ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ res	does cor	oution is in excess of ntributor or business at more than \$5,000?	he/she is ass	ndidate sociate	ed with ha	ief executive office ave a contract with Yes XN	n said municipality		Amoun	t of Contribution
is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ye		Is contributor a prin If yes, Indicate w	which branch d	or brai	nches	prospective state		Yes No		5.00
Method of Contribution:			v. g			Date Re		Aggregate Contribu			
☐ Cash ☐ Personal Check ☐ Ci	redit/Debit	Card 🔲	Payroll Deduction	Money O	rder	08/20/	2023	5.00		: 	
				SUBTO)TAI	L Sect	ion B - This	Page			80.00
			TO	DTAL of	add	itional	Section B I	Pages	***************************************		23142.33
TOTAL O	FALL		RIBUTIONS F (Enter total on Li							· · · · · · · · · · · · · · · · · · ·	23,222.33

Page 41 of 100

NAME OF COMMITTEE (Provide of	Complete	e Name	e as Registered with Filing Repos	itory)				TYPE OF	REPORT	Page True	
Lebron for Hartford								OCT10			
A. Total Contributions (See instructions for definition of						eriod ONLY L SECTION A	\$			0.00	
Last Name			B. Itemized Contrib	outio First		om Individua	ils			MI	
Aragon				Gian					,		
Residential Street Address 107 Audley Rd				City Sprir	ingfield	i			State MA	Zip Code 01118	
Principal Occupation Realtor						Name of Employe William Ravel	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do do	loes con	bution is in excess of \$400 to a cal intributor or business he/she is ass at more than \$5,000?		ed with h		h said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #								Yes No		25.00	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 09/12/2023 Aggregate Contributions 25.00											
Last Name Principe				First Conf	fessar					MI	
Residential Street Address				City			. 11 A 111 A		State	Zip Code	
Principal Occupation				<u> </u>		Name of Employe	er				
ls contributor a lobbylst, spouse, or dependent child of a lobbyist?	do	loes con	oution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?		ed with he		n said municipality		Amount of Contribution		
an event reported in Section L1? If yes, list Event #	Yes No		Is contributor a principal of a stal If yes, indicate which branch of of government the contract is	or bran s with:	nches	or prospective state	contractor?	Yes X No		470.00	
Method of Contribution: X Cash Personal Check Credit/	/Debit Ca	ard 🔲	Payroll Deduction Money O		Date Re 09/18/		Aggregate Contri 470.0				
Last Name Guzmán				First Isaac						MI	
Residential Street Address 25 Lewis St Suite F				City Hartf	ford				State CT	Zip Code 06103	
Principal Occupation						Name of Employe	er	<u> </u>		00100	
Is contributor a lobbyist, spouse, Sor dependent child of a lobbyist?	Yes do	oes cont	oution is in excess of \$400 to a can ntributor or business he/she is ass at more than \$5,000?		ed with ha		said municipality	's	Amoun	nt of Contribution	
If yes, list Event #	Yes No		Is contributor a principal of a stat If yes, indicate which branch o of government the contract is	or bran with:	nches	Executive	Legislative	Yes No		25.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/i	/Debit Ca	ırd 🔲	Payroll Deduction Money O		Date Re 08/09/	1	Aggregate Contril 25.00				
			SUBTO	TAL	. Sec	tion B - This	Page			520.00	
			TOTAL of	addi	tlona	l Section B P	^l ages			22702.33	
TOTAL OF A	LLCC		RIBUTIONS FROM IND (Enter total on Line 18: Gold)							23,222.33	

I. MONETARY RECEIPTS (Sections A - K)

Page 42 of 100

NAME OF COMMITTEE (Provide Co	omplete	Name as Register	ed with Filing Rej	iository)				TYPE OF I	REPORT	<u>elling and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a</u>
Lebron for Hartford								OCT10		
A. Total Contributions fr			iutors-Rece			riod ONLY L SECTION A	\$			0.00
	16	B. Ite	mized Conti	lbutic	ons fro	om Individua	ils			
Last Name	and the state of t			First						MI
Mitchell				Mar	rk					A
Residential Street Address				City	,		· · · · · · · · · · · · · · · · · · ·		State	Zip Code
140 Maple Avenue D				Har	rtford				СТ	06114
Principal Occupation						Name of Employ	ver		<u> </u>	
Associate Professor						George Maso				
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? Yes X No								',	Amour	nt of Contribution
Is this contribution associated with	Yes	Is contribut	or a principal of a	state co		r prospective state		Yes	1	100.00
an event reported in Section L17	n event reported in Section L1?									
Method of Contribution:		Vige	THOM OF SOLVE	(10 train	Date Re		Aggregate Contr		-	
Cash Personal Check Credit/D	Debit Ca	ard Payroll Ded	uction Money	v Order	07/10/		250.0			
Last Name				First		<u></u> J				MI
Lic					nda Ma	rie 				Jace
Residential Street Address				City	,				State	Zip Code
28 Pine Grove Rd				Bloc	omfield				СТ	06002
Principal Occupation				-	7	Name of Employ	/er			
CEO					ļ	Coach Brend	la Marie LLC			
is contributor a lobbyist, spouse,		contribution is in ex						,	Amour	nt of Contribution
or dependent child of a lobbyist?	lace	oes contributor or bu alued at more than \$		associat		ave a contract with				
Is this contribution associated with	Yes			state co		r prospective state		Yes	1	
an event reported in Section L1?	⊠ No	If yes, in	idicate which bran	ich or bra	anches		_	☑ res ☑ No		100.00
If yes, list Event # Method of Contribution:		or govern	nment the contrac	t is with:	_		Legislative		ļ	
Cash Personal Check Coredit/D	hahit Ca	d □Pavroll Ded	untion Mone	u Order	Date Re 09/02/		Aggregate Contri 100.0	- 1		
Last Name	EDIT OF	Tu Lii ayron Dou.		First] MI
Clement					nille					IVII
Residential Street Address			<u></u>	City					Ciala	7:- 0240
27 Adams Road				1 1	omfield				State CT	Zip Code 06002
Principal Occupation									<u> </u>	00002
Lpn						Name of Employ	er			
	T _{If c}	contribution is in ex	cess of \$400 to a	candida	te for a ch	rief executive offic	er of a municipality		Amoun	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	es do	pes contributor or bu alued at more than \$	usiness he/she is		led with ha		n said municipality	'	F1111-2-1	tor community
Is this contribution associated with	Yes	Is contribut	or a principal of a	state cor		r prospective state		Yes		
l an avent reported in Section I 17	X No	If yes, in	dicate which bran nment the contrac	ch or bra	anches		Legislative	X No		10.00
Method of Contribution:		0, 30,	Milora trib borna-	110 11111	Date Re		Aggregate Contri			
Cash Personal Check Credit/D	ebit Car	rd Payroll Dedi	uction Money	/ Order	09/18/		80.00	- 1		
		- 10 - 10 - 10	208	(OIA	L Seci	lion B - This	Page	100		210.00
			TOTAL	of add	iltional	l Section B F	Pages			23012.33
TOTAL OF AL	T CC					S (Sections A		· ·	-	23,222.33

Page 43 of 100

ticesaged adjudatly ze to										rage 4001 100
NAME OF COMMITTEE (Pro	vide Comp	lete Nam	ne as Registered with Filing Repos	sitory)				TYPE OF I	REPORT	
Lebron for Hartford				<u> </u>			(OCT10		
A. Total Contributio			all Contributors-Receiv			eriod ONLY IL SECTION A	\$			0.00
1909 1100		San San San San San San San San San San	(6)		essandere nove					
			B. Itemized Contrib		100	em Individua	ils			
Last Name Avachat		_		First Mina		<u></u> -		_	_	MI
Residential Street Address				City			***************************************		State	Zip Code
250 Main Street Apt 831				Hart	rtford				СТ	06106
Principal Occupation						Name of Employe	er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	ribution is in excess of \$400 to a cal ontributor or business he/she is ass at more than \$5,000?		ted with h		h said municipality		Amour	ent of Contribution
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a sta		ntractor o			Yes		25.00
If yes, list Event # No If yes, indicate which branch or branches of government the contract is with: Executive Leg								X No		25.00
Method of Contribution: ☐ Cash ☐ Personal Check 🔀 C	Credit/Debit	Card	☐Payroll Deduction ☐Money C	Order		Received 4/2023	Aggregate Contrib			
Last Name				First					<u></u>	MI
Jackson				+	urtenay				<u> </u>	
Residential Street Address 155 Colby Street		_		City Hart	rtford				State CT	Zip Code 06106
Principal Occupation				<u> </u>	-	Name of Employe			<u></u>	
Local government						City of hartfor	rd			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	lbution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?	ndidate sociate	ted with ha	chief executive office have a contract with Yes XN	h said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a state	n or brai	anches			Yes X		100.00
If yes, list Event # Method of Contribution:		'	of government the contract is			Executive E	Legislative Aggregate Contrib		1	
Cash Personal Check	2redit/Debit	. Card	Payroll Deduction Money C		07/09/		200.00			
Last Name		A		First		-				МІ
Vulenzuela				Jadie					T	
Residential Street Address 26 Preston Street			1	City Hartt					State CT	Zip Code 06114
Principal Occupation				<u></u>		Name of Employe	/er			00111
Landscaping										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	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		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 of government the contract is	or brar	anches	or prospective state		Yes No		50.00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Co	`redit/Debit	Oard □	Payroll Deduction Money C	1	Date Re 08/18/		Aggregate Contrib	1	ĺ	
Godan C.	Guit	Jan				tion B - This		<u></u>		175.00
			TOTAL of	add	Itlona	I Section B P	ages			23047.33
TOTAL O	FALL		RIBUTIONS FROM IND							23,222.33

Page 44 of 100

NAME OF COMMITTEE (Provi	ide Comp	lete Nam	e as Registered with Filing Repos	illory)				TYPE OF	REPORT		
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definition			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00	
										·········	
			B. Itemized Contrib	outio	ns fre	m Individus	ils				
Last Name Ortiz				First Den		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				MI	
					150				T		
Residential Street Address 80 Francis Avenue				City	tford				State CT	Zip Code 06106	
			<u>.</u>	I ICAI	lioid	<u> </u>			CI	00100	
Principal Occupation Retired						Name of Employ Retired	/er				
		If contrib	evition is in success of \$400 to a se	املداله د	o for a al		an af a marriata alta	<u></u>		at of Contains	
	☐ Yes X 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		h said municipality	,	Amount of Contribution		
Is this contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor?											
revent reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative No. No. No.										5.00	
Method of Contribution:					Date Re	ceived	Aggregate Contr	ibutions	1		
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order											
Last Name				First	•				·	MI	
Ortiz				Carl	os						
Residential Street Address				City					State	Zip Code	
107 Yale Street				Hari	ford				СТ	06106	
Principal Occupation	·····			·							
		I <i>u</i>	the following through						· .		
	☐ Yes X 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		n said municipality	,	Amount of Contribution		
Is this contribution associated with		es	Is contributor a principal of a sta			prospective state	contractor?	Yes			
an event reported in Section L1? If yes, list Event #	ΧN	lo	If yes, indicate which branch of government the contract is		nches	Executive	Legislative	⊠ No		5.00	
Method of Contribution:			<u> </u>		Date Re		Aggregate Contri	butions			
Cash Personal Check Cr	edit/Debit	Card	Payroll Deduction Money C)rder	07/01/	2023	5.00				
Last Name				First						MI	
Campbell				Nev	а						
Residential Street Address		****		City		,			State	Zip Code	
86 Church Street				Harr	nden				СТ	06514	
Principal Occupation						Name of Employ	rer				
		If contrib	oution is in excess of \$400 to a ca	ndidat	e for a ob	iof evecutive effic	or of a municipality		Amour	t of Contribution	
	☐ Yes ※ No	does co	ntributor or business he/she is as at more than \$5,000?	sociate	ed with he	Yes XN	said municipality	•	Allioui	t or contribution	
Is this contribution associated with	Y	es	Is contributor a principal of a sta			prospective state	contractor?	Yes			
an event reported in Section L1? If yes, list Event #	Ν	o	If yes, indicate which branch of government the contract is		nches	Executive [Legislative	⊠ No		5.00	
Method of Contribution:					Date Re	ceived	Aggregate Contri	butions			
X Cash Personal Check Cre	edit/Debit	Card 🗌	Payroll Deduction Money C	rder)	09/05/	2023	5.00				
			SUBT() DTA	L Sect	ion B - This	Page			15.00	
			TOTAL of	add	itlonal	Section B I	°ages	· · · · · ·		23207.33	
TOTAL OF	FALL		RIBUTIONS FROM INI (Enter total on Line 13, Coll							23,222.33	

Page 45 of 100

NAME OF COMMITTEE (Provide Complete Nat	ma as Renistered with Filling Repos	Hand		7	TYPE OF F	DEPORT	- Fage 4401 100		
Lebron for Hartford	ile as negative	(O)yy			OCT10	NE PER			
A. Total Contributions from Sm	all Contributors-Receiv	ad this Pr	ariad ONEY				2.00		
(See instructions for definition of Small Contrib			L SECTION A				0.00		
		······································							
Last Name	B. Itemized Contrib	outions fro	ım İndivlaus	als			MI		
Santana		Victoria							
Residential Street Address 291 Buckingham Street		City Hartford				State CT	Zip Code 06106		
Principal Occupation		Παιτιοία	Name of Employ	ovet		<u> </u>	00100		
Teacher			Substitute Se	Services					
or dependent child of a jobbylst?	tribution is in excess of \$400 to a car contributor or business he/she is ass d at more than \$5,000?	sociated with h		ith said municipality		Amour	nt of Contribution		
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state	ite contractor o			Yes		750.00		
If yes, list Event #No	If yes, list Event # X No No No Sometiment the contract is with: Executive Legislative X No								
Method of Contribution: X Cash Personal Check Credit/Debit Card	Payroll Deduction Money O			Aggregate Contribution 1,000.00					
Last Name	-	First		, L			MI		
Kenney		Thomas				T	- <u>-</u>		
Residential Street Address 967 Asylum Ave 2h	1	City Hartford			ļ	State CT	Zip Code 06105		
Principal Occupation			Name of Employ	yer			<u></u>		
Owner				rap Laboratories	LLC				
or dependent child of a lobbyist?	ribution is in excess of \$400 to a car contributor or business he/she is ass d at more than \$5,000?	sociated with ha		th said municipality		Amoun	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of of government the contract is	or branches		te contractor?	Yes No		50.00		
Method of Contribution:	Thomas C	Date Re		Aggregate Contribu			:		
Cash Personal Check Credit/Debit Card Last Name	Payroll Deductionmoney or	rder 07/29/ First	2023	00.00					
Gonzalez		Socorro			·				
Residential Street Address		City Wethersfiel	. 1			State	Zip Code		
433 Prospect St. Principal Occupation		Wellierano.	Name of Employ			СТ	06109		
Retired			Retired	er 					
or dependent child of a lobbyist?	ribution is in excess of \$400 to a can contributor or business he/she is asso I at more than \$5,000?	ociated with ha		th said municipality		Amoun	nt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch of of government the contract is	te contractor or or branches	r prospective state	e contractor?	Yes No		25.00		
Method of Contribution: Cash Personal Check Coredit/Debit Card	Travell Deduction	Date Re		Aggregate Contribu	dions	ĺ			
Cashreisonal Orieon			tion B - This				825.00		
	TOTAL of a						22397.33		
		Allera and the second					£=00		

Page 46 of 100

										rage 1001 100	
NAME OF COMMITTEE (Pro	vide Comp	lete Nami	e as Registered with Filling Repos	iltory)	olina Secretary			TYPE OF I	REPORT		
Lebron for Hartford								OCT10			
A. Total Contributio (See instructions for definition			ll Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00	
			B. Itemized Contrib	outic	ns fro	m Individur	als			00 200	
Last Name	200 filosofie de la companya del companya de la companya del companya de la compa			First					A CONTRACTOR OF THE PARTY OF TH	МІ	
Devereux				Jeffr					т		
Residential Street Address 1429 Park St, Apt 401				City Hart	tford				State CT	Zip Code 06106	
Principal Occupation Small Business Owner						Name of Employ BI&d	yer	_	_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ 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		th said municipality		Amount of Contribution		
sthis contribution associated with n 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 No									50.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received O7/19/2023 A50.00											
Last Name				First						MI	
Boyle				Step					T		
Residential Street Address 245 Auburn Road City West Hartford									State CT	Zip Code 06119	
Principal Occupation Executive Director						Name of Employ 211 Care	/er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ 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		in said municipality		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Ye	3	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	anches	or prospective state		Yes No		50.00	
Method of Contribution: ☐ Cash ☑ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money C		Date Re 07/05/		Aggregate Contr				
Last Name White				First Lejo			,,,,,,,,			MI	
Residential Street Address				City		<u> </u>			State	Zip Code	
66 Bartholomew Avenue				Hart	ford				СТ	06106	
Principal Occupation Student						Name of Employ	rer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	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		h said 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 sta If yes, indicate which branch of government the contract is	or brai	ntractor of	r prospective state		Yes X No		5.00	
Method of Contribution: Cash Personal Check CC	redit/Debit	Card	Payroll Deduction Money C)rder	Date Re 08/29/		Aggregate Contr 5.00				
			SUBTO	IATC	L Sec	tion B - This	Page			105.00	
			TOTAL of	add	itiona	Section B	Pages			23117.33	
TOTAL O	FALL		RIBUTIONS FROM IND							23,222.33	

Page 47 of 100

NAME OF COMMITTEE (Pro	oylde Comp	lete Nam	e as Registered with Filing Repos	itory)				TYPE OF	REPORT		
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definition			ill Contributors-Receiv	Comment Company		riod ONLY SECTION A	\$			0.00	
Last Name			B. Itemized Contrib	outlo First		m Individus	als	2		MI	
Clement				Ten	nille				· · · =		
Residential Street Address				City					State	Zip Code	
27 Adams Road				Bloc	omfield	·			CT	06002	
Principal Occupation Lpn	_			_		Name of Employ	/er				
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		Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes										10.00	
If yes, list Event # Method of Contribution:			of government the contract is	3 Witn.	Date Re		Legislative Aggregate Con				
Method of Contribution: Cash Personal Check XC	Gredit/Debit	Card [1Pavroll Deduction Money C)rder	07/18/		Aggregate Con 80.0				
Last Name	// Ca			First	L				Щ	MI	
Morris			J	She							
Residential Street Address				Çity				.	State	Zip Code	
63 Huntington St 3e			Ţ	Hart	tford			!	СТ	06105	
Principal Occupation				<u> </u>		Name of Employ	/er		<u> </u>	1	
Campaign Coordinator				_		Lebron for Ha					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	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		h said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?	□ Y∈		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	nches		contractor?	☐ Yes ☒ No		50.00	
If yes, list Event # Method of Contribution:			Of government the sounds, to	Willis.	Date Re		Aggregate Conf		1		
Cash Personal Check C	Credit/Debit	Card	Payroll Deduction Money C	rder	07/08/		185.				
Last Name				First						Мі	
Smith				Leor	n _			_	_!		
Residential Street Address				City					State	Zip Code	
31 East Raymond Street		<u></u>		Hart	ford	·			СТ	06112	
Principal Occupation						Name of Employe	er				
Is 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?	ndidate sociate	ed with ha	lef executive office tve a contract with Yes XN	n said municipality	у,	Amoun	nt of Contribution	
ls this contribution associated with an event reported in Section L1? If yes, list Event #	∏Ye ⊠No		Is contributor a principal of a stat If yes, indicate which branch of government the contract is	or brai	nches	Executive	Legislative	Yes No		5.00	
Method of Contribution: Cash Personal Check Colored Color	redit/Debit (Card	Payroll Deduction Money O	rder	Date Red 08/19/2	·	Aggregate Cont 5.00				
			SUBTO)TAI	L Sect	lon B - This	Page			65.00	
			TOTAL of	addi	itional	Section B R	Pages			23157.33	
TOTAL O	FALL(RIBUTIONS FROM IND (Entersiotal on Line 13, Colu					****		23,222.33	

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

Page 48	Bიf 1	00

Tievisea dalladi y Edio										Page 45 of 100
NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filling Repos	illory)				TYPE OF	REPORT	
Lebron for Hartford								OCT10		
A. Total Contribution (See instructions for definition)			ill Contributors-Receive tor)			eriod ONLY L SECTION A	\$			0.00
Last Name			B. Itemized Contrib	ou tlo r First	ns fro	om Individu:	al s	41		MI
Hill				Howa	ard				<u>_</u>	
Residential Street Address 1287 Chapel Street				City New	Haver	n			State CT	Zip Code 06511
Principal Occupation Funeral Director						Name of Employ Howard K. H	yer Iill Funeral Ser	vices		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes X 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		th said municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Y ⊠N	Yes	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or branis with:	tractor or nches	or prospective state	e contractor?	Yes No		250.00
Method of Contribution:	2redit/Debit	i Card	Payroll Deduction Money C	Order	Date Re 08/13/		Aggregate Con 250.			
Last Name Rios		<u></u>		First Julia						МІ
Residential Street Address 300 Hudson Street				City Hartfo	ford				State CT	Zip Code 06106
Principal Occupation Painter						Name of Employ Joe Fargas I	-			
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?		d with ha	hief executive office	cer of a municipalith		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ V		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brand s with:	nches	r prospective state		Yes No		5.00
Method of Contribution: Cash Personal Check C	Credit/Debit	i Card	Payroll Deduction Money C		Date Re 08/17/		Aggregate Cont			
Last Name Acevedo				First Anton	nio					MI
Residential Street Address 603 Zion Street				City Hartfo	ford				State CT	Zip Code 06106
Principal Occupation Performer				<u></u>		Name of Employ	-			
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?		d with ha	hief executive offic	cer of a municipalit h said 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 state of government the contract is	or brand s with:	tractor or	r prospective state	e contractor?	Yes No		5.00
Method of Contribution: Cash Personal Check CC	:redit/Debit	. Card	Payroll Deduction Money O		Date Re 09/17/		Aggregate Cont 5.00			
			SUBT)TAL	. Sect	tion B - This	Page			260.00
			TOTAL of	addil	lional	l Section B I	Pages			22962.33
TOTAL O	FALL		RIBUTIONS FROM IND						-	23,222.33

Page 49 of 100

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Repos	itory)				TYPE OF	REPORT	
Lebron for Hartford								OCT10		
A. Total Contributio		A	ill Contributors-Receive			eriod ONLY L SECTION A	\$			0.00
College Colleg										
			B. Itemized Contrib	100		im Individus	als			
Last Name Pagan			<u> </u>	First Mila	t agros					МІ
Residential Street Address				City					State	Zip Code
24 Colony Street			!	1 1	riden				CT	06451
Principal Occupation				L	- 1	Name of Employ	yer		<u>. </u>	<u>I.</u>
		T _{re contri}	ibution is in excess of \$400 to a car	dida	to for a cl	the eventive office	and a municipalit		Amou	nt of Contribution
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	ibution is in excess of \$400 to a cai ontributor or business he/she is ass at more than \$5,000?		ted with ha		th said municipality		A	Il Di Compani
Is this contribution associated with			Is contributor a principal of a sta		ntractor or			Yes	1	<u>-</u>
an event reported in Section L1? If yes, list Event #	_ ⊠N		If yes, indicate which branch of government the contract is	or bra	anches		Legislative	⊠ No		5.00
Method of Contribution:					Date Re	eceived	Aggregate Contri		1	
◯ Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money O)rder	07/13/	2023	5.00			
Last Name				First						MI
Ortiz				Ray	/mond					
Residential Street Address 141 Woodland Street				City Hart	tford				State CT	Zip Code 06105
Principal Occupation				ļ <u> </u>	,101	Name of Employ			<u> </u>	00100
Principal Occupation Retired					1	Retired	rer			
Is contributor a lobbyist, spouse,	Yes		butlon is in excess of \$400 to a car		te for a chi	nief executive offic		/1	Amour	nt of Contribution
or dependent child of a lobbyist?	∑ No	does cor	ontributor or business he/she is ass at more than \$5,000?		ed with ha		th said municipality	_!		
Is this contribution associated with	Y	es	Is contributor a principal of a state		ntractor or			Yes		
an event reported in Section L1? If yes, list Event #	. ⊠No	1	If yes, indicate which branch of government the contract is			Executive _	Legislative	⊠ No		500.00
Method of Contribution:					Date Rec		Aggregate Contri			
X Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money O	rder	07/31/2	2023	1,000.0	JO 1		
Last Name				First						MI
Ortiz	<u></u>			Raul	1					
Residential Street Address	<u></u> -			City				1	State	Zip Code
1886 stanley Street				New	v Britain	I			СТ	06053
Principal Occupation Firefighter						Name of Employe City of new B				
ls contributor a lobbyist, spouse,	Yes	If contril	bution is in excess of \$400 to a car	ndidat	te for a chi	nief executive office	cer of a municipality,	,	Amour	nt of Contribution
or dependent child of a lobbyist?		does cor	ontributor or business he/she is ass at more than \$5,000?	ociate	ed with hav	ave a contract with Yes XN	h said municipality			
Is this contribution associated with an event reported in Section L1?	☐ Ye		Is contributor a principal of a stat					Yes		50.00
If yes, list Event #	∑ No	0	If yes, indicate which branch of government the contract is			Executive [Legislative	X No		30.00
Method of Contribution:			3		Date Red 08/16/2		Aggregate Contrit			
Cash Personal Check X Cr	/edit/Depit <	Card								
			SUBTO	JTAI	L Sect	ilon B - This	Page			555.00
			TOTAL of	addi	itional	Section B F	Pages			22667.33
TOTAL O	FALL		RIBUTIONS FROM IND							23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page 50 of 100

NAME OF COMMITTEE (Pron	lde Compli	ete Nam	e as Registered with Filing	Reposito	ry)		5 M		TYPE OF	REPORT		
Lebron for Hartford									OCT10			
A. Total Contribution (See instructions for definition							riod ONLY SECTION A	\$			0.00	
	SST News (Manager of annual of the second		dia di dia dia dia dia dia dia dia dia d									
			B. Itemized Co	ntribu	tion	ıs froi	m Individua	ıls				
Last Name	W. Street Const.	Marie Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales Sa		F	First						MI	
Lewis				J	loe							
Residential Street Address				7	City				:	State	Zip Code	
35 Kenyon Street				H	Hartfo	ord			İ	СТ	06105	
Principal Occupation							Name of Employ	/er			<u> </u>	
File Maintenance						- 1	Strand Inc				I	
	Δin- Les	does cor	bution is in excess of \$400 to	to a cand te is asso	lidate f	for a chi	ief executive offic	er of a municipalit	ity, y	Amour	nt of Contribution	
			at more than \$5,000?			_	Yes XN	•				
Is this contribution associated with an event reported in Section L1?	Ye		Is contributor a principal of				prospective state	contractor?	Yes		E 00	
If yes, list Event #	⊠ No	ا د	If yes, indicate which be of government the con				Executive	Legislative	X No		5.00	
Method of Contribution:					<u></u>	Date Red	ceived	Aggregate Con	tributions	1		
Cash Personal Check Cr	edit/Debit (Card 🗀	Payroll Deduction M	loney Ord	ler 0	09/24/2	2023	5.0				
Last Name				F	First					<u> </u>	MI	
Varves				1.	lose	_	_	_				
Residential Street Address				С	City					State	Zip Code	
				H	-lArtfo	ord				СТ		
Principal Occupation							Name of Employ	·er		<u></u>		
		does cor	bution is in excess of \$400 to ontributor or business he/she at more than \$5,000?	to a candi e is assor	idate fo	with have	ief executive office ve a contract with Yes XN	n said municipality	ly. /	Amount of Contribution		
Is this contribution associated with	Ye	es	Is contributor a principal o				prospective state	contractor?	Yes			
an event reported in Section L1? If yes, list Event #	⊠N∘		If yes, indicate which be of government the con				Executive [Legislative	⊠ No	ĺ	10.00	
Method of Contribution:			0.90.0			Date Rec	-	Aggregate Con				
X Cash ☐ Personal Check ☐ Cre	edit/Debit	Card	Payroll Deduction DM	oney Ord	1.	07/02/2		10.0	i			
Last Name					First			<u> </u>		<u> </u>	м	
Rivera				1	(yros	i					IVIII	
Residential Street Address				С	City					State	Zip Code	
55 Ginger Lane				[E	ast F	Hartfor	ď		ļ	СТ	06118	
Principal Occupation							Name of Employ	er				
		If contri	bution is in excess of \$400 t	to a cand	lidate f	for a chi	ef executive offic	er of a municipali	h,	Amoun	t of Contribution	
	H Yes	does cor	intributor or business he/she at more than \$5,000?			with hav		n said municipality		Ainvac	t or communication	
Is this contribution associated with	☐ Ye	36	ls contributor a principal o						Yes	ĺ		
an event reported in Section L1? If yes, list Event #	XΝο		If yes, indicate which b of government the con				Executive [Legislative	⊠ No		10.00	
Method of Contribution:						Date Rec		Aggregate Conf				
Cash	edit/Debit (Card 🔲	Payroll Deduction Mr	oney Orde	- 1	07/02/2		10.0				
			S	TOTEL	ral '	Secti	ion B - This	Page	***************************************		25.00	
			TOTA	Lota	dditt	lonal	Section B I	Pages			23197.33	
TOTAL OF	ALL C		RIBUTIONS FROM								23,222.33	

Page 51 of 100

NAME OF COMMITTEE (Pro	ıvidə Comp	lete Nam	ne as Registered with Filing Repo	ository)			1	YPEOF	REPORT	
Lebron for Hartford							C	OCT10		
A. Total Contribution			all Contributors-Recei			eriod ONLY L SECTION A	\$		4-	0.00
			<u> </u>				<u>888.844 </u>			
			B. Itemized Contri	butic	ons fro	m Individua	als			
Last Name Colon				First	nuel					MI
Residential Street Address		<i></i>		City					State	Zip Code
244 Fairfield Ave				Htfd					СТ	06114
Principal Occupation	<i>p</i>					Name of Employ	yer			<u></u> .
Retired						Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	ibution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?		ted with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with Yes Is contributor a principal of a state contractor or prospective state contractor?										70.00
an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative No										50.00
Method of Contribution: Date Received Aggregate Contributions										
Cash Personal Check XC	Credit/Debit	Card	Payroll Deduction Money	Order	07/03/	/2023	50.00			
Last Name				First						MI
Rodriguez				+	tany		<u>.</u>			<u> </u>
Residential Street Address 14272 Cheval Danforth Cou	urt			City Orla	ando			ļ	State FL	Zip Code 32828
Principal Occupation				Т.		Name of Employe	/OY			02020
Deseit Catcorberries					•	Self	e r			
is contributor a lobbyist, spouse,	Yes		bution is in excess of \$400 to a c						Amour	nt of Contribution
or dependent child of a lobbyist?	X No		ontributor or business he/she is a at more than \$5,000?	ssociale		ave a contract with				
Is this contribution associated with	Y€	es	Is contributor a principal of a st			-		Yes		F00 00
an event reported in Section L1? If yes, list Event #	⊠ Nd	.0	If yes, indicate which branci of government the contract			Executive	Legislative	⊠ No		500.00
Method of Contribution:		_			Date Re		Aggregate Contribu			
X Cash ☐ Personal Check ☐ C	/redit/Debit	Card _	Payroll Deduction Money	Order	09/29/	2023	1,000.00)		
Last Name				First						MI
Harrison				Cne	ester ———		<u></u>			
Residential Street Address				City	tford			ļ	State	Zip Code
97 Lincoln Street				Пан	lloru				СТ	06106
Principal Occupation						Name of Employer Self Employer				I
ls contributor a lobbyist, spouse.			bution is in excess of \$400 to a ca						Amour	t of Contribution
or dependent child of a lobbyist?	X No		ontributor or business he/she is as at more than \$5,000?	sociate	_	ave a contract with Yes XN	, ,			
Is this contribution associated with		es	Is contributor a principal of a st		ntractor or			Yes		
an event reported in Section L1? If yes, list Event #	⊠ No		If yes, Indicate which branch of government the contract i			Executive	Legislative	⊠ No		795.00
Method of Contribution:					Date Re	ceived	Aggregate Contribu	itions	ĺ	
Cash Personal Check C	redit/Debit (Card 🗌	Payroll Deduction Money (Order	08/23/2	2023	1,000.00	<u></u>		
			SUBT	OTA	L Sect	lion B - This	Page			1,345.00
			TOTAL of	add	itional	Section B F	² ages			21877.33
TOTAL O	FALL		RIBUTIONS EROMINI (Entertotal on Line 13, Col							23,222.33

Page 52 of 100

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Rej	ository,)			TYPE OF	REPORT		
Lebron for Hartford								OCT10			
A. Total Contribution (See instructions for definitions)			II Contributors-Rece tor)			riod ONLY L SECTION A	\$			0.00	
			nice the							- 1 1111	
			B. Itemized Cont	ributi	ons fro	m Individua	als				
Last Name Rivas				Fire	st enda					MI	
Residential Street Address									1	71- 0	
813 Maple Avenue Apt L				Cit	y .rtford				State CT	Zip Code 06114	
Principal Occupation						Name of Employ	ver			1	
. ,						Mini Mart	,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	does co	bution is in excess of \$400 to a			ave a contract wit	h said municipality	/1	Amou	nt of Contribution	
Is this contribution associated with			at more than \$5,000?			Yes XI					
an event reported in Section L1?	Y ⊠ N		Is contributor a principal of a If yes, indicate which brai	ich or b	ranches	<u>.</u> .	_	☐ Yes ☒ No		5.00	
If yes, list Event #			of government the contra	ot is with		Executive eceived	Legislative Aggregate Conti				
Cash □ Personal Check □ (Credit/Debit	Card	Payroll Deduction Mone	v Order			5.00				
Last Name				Fire			***************************************			MI	
Clement				Te	nnille						
Residential Street Address				Cit	у			rans	State	Zìp Code	
27 Adams Road				Bio	omfield				СТ	06002	
Principal Occupation						Name of Employ	/er		·		
Lpn						-					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?		ted with h		h said municipality	<i>(</i> ,	Amount of Contribution		
Is this contribution associated with		es	Is contributor a principal of a	state co				Yes			
an event reported in Section L1? If yes, list Event #	ΣN	o	If yes, indicate which bran of government the contrac			Executive	Legislative	⊠ No		10.00	
Method of Contribution:					Date Re	eceived	Aggregate Contr	ibutions			
Cash Personal Check	Credit/Debit	Card	Payroll Deduction Mone	y Order	08/18/	/2023	80.0	0			
Last Name				Fire	st .					М	
Santiago				Yal	haira						
Residential Street Address				City					State	Zip Code	
53 Elliott Street				Ha	rtford				СТ	06114	
Principal Occupation						Name of Employ					
CNA					****	Senior Cente					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does co	oution is in excess of \$400 to a ntributor or business he/she is at more than \$5,000?		ted with h		n said municipality	•	Amour	t of Contribution	
Is this contribution associated with		es	Is contributor a principal of a	state co				Yes			
an event reported in Section L1? If yes, list Event #	XN	o	If yes, indicate which bran of government the contrac			Executive	Legislative	⊠ No		5.00	
Method of Contribution:					Date Re	eceived	Aggregate Contr	butions			
Cash Personal Check	Credit/Debit	Card	Payroll Deduction Mone	y Order	08/27/	2023	5.00				
			SUB	TOTA	AL Seci	llon B - This	Page			20.00	
			TOTAL	of ado	ditlona	Section B	Pages			23202.33	
TOTAL C	FALL		RIBUTIONS FROM ((Enter total on Line 13, C					:		23,222.33	

Page 53 of 100

NAME OF COMMITTEE (Pro	ıvide Comp	lete Nam	ie as Registered with I	Filing Repos	itory)				TYPE OF	REPORT		
Lebron for Hartford								(OCT10			
A. Total Contributio (See instructions for definition							riod ONLY SECTION A	\$			0.00	
		·										
			B. Itemized	l Contrib	utic	ns fro	m Individua	ils				
Last Name					First						MI	
Guadarrama					War					T	1	
Residential Street Address 40 New Britain Avenue				I	City New	wington				State CT	Zip Code 06111	
Principal Occupation					<u> </u>	,	Name of Employe	/er			100	
Т напры жестра							State of CT	o.				
Is contributor a lobbyist, spouse,	Yes		ibution is in excess of tentributor or business i							Amour	nt of Contribution	
or dependent child of a lobbyist?	⊠ No		at more than \$5,000?		Sociale	_	Yes XN					
Is this contribution associated with an event reported in Section L1?	٠٠ ســا		Is contributor a princ				r prospective state	contractor?	Yes	25.00		
If yes, list Event # No										20.00		
Method of Contribution: Date Received Aggregate Contributions												
	redit/Debit	Card L	Payroll Deduction	∐Money O			2023	25.00			T,	
Last Name Figueroa					First Jose					I	MI	
-				·	City					State	Zip Code	
Residential Street Address 410 South Main Street					1 1	v Britain	1		!	CT	2ip Code 06051	
Principal Occupation					Ь		Name of Employe	/er				
Machine Operator						1	css	-				
Is contributor a lobbyist, spouse,	Yes		bution is in excess of \$							Amour	nt of Contribution	
or dependent child of a lobbyist?	ΧΝο		ontributor or business t at more than \$5,000?		sociate		ave a contract with Yes XN	, ,				
Is this contribution associated with an event reported in Section L1?	□ Y ₁		Is contributor a princ				prospective state	contractor?	Yes		10.00	
If yes, list Event #	<u></u>	ا ه	If yes, indicate wa of government th				Executive	Legislative	X No		10.00	
Method of Contribution:						Date Re		Aggregate Contrib				
X Cash Personal Check C	rediVDebit	Card L	Payroll Deduction	Money O		07/01/	2023	10.00		<u> </u>		
Last Name				•	First						M	
Peterkin			<u></u>		Pear						- 0.4-	
Residential Street Address 300 Vernon Street Apt B					City Harti					State CT	Zip Code 06106	
Principal Occupation					1 1 3	1010	Name of Employe	or			00100	
Janitor Janitor							ABC Children					
Is contributor a lobbyist, spouse,			bution is in excess of \$			te for a chi	ief executive office	er of a municipality,		Amoun	t of Contribution	
or dependent child of a lobbyist?	Mies 1	does cor	ntributor or business h at more than \$5,000?			ed with ha		said municipality				
Is this contribution associated with	1 Ye	es	ls contributor a princ			tractor or			Yes			
an event reported in Section L1? If yes, list Event #	⊠ No		If yes, indicate wi of government the	hich branch e	or brai	nches		Legislative	⊠ No		5.00	
Method of Contribution:			<u> </u>			Date Re		Aggregate Contrib	utions			
X Cash Personal Check C	redit/Debit (Card 🔲	Payroll Deduction	Money O	rder	09/12/2	2023	5.00		Ĺ		
				SUBTO	DTAI	_ Sect	ion B - This	Page			40.00	
			TC	TAL of	addi	itional	Section B P	ages !			23182.33	
TOTAL O	F ALL (RIBUTIONS FR (Enter total on Lin								23,222.33	

Page 54 of 100

										rage 0401 100
NAME OF COMMITTEE (Pro	vide Compl	ete Nam	e as Registered with Filling Repos	itory)				TYPE OF	REPORT	
Lebron for Hartford							:	OCT10		
A. Total Contributio			ll Contributors-Receiv			eriod ONLY L SECTION A	\$			0.00
•							<u></u>	thin.		
			B. Itemized Contrib			ım individus	als			
Last Name G.				First Rich						MI
Residential Street Address				City					State	Zip Code
96 Brown St				Harti	ford	T., ., ., ., .			СТ	06114
Principal Occupation Manager						Name of Employ OWMarket	yer			
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 ass at more than \$5,000?		ed with h		th sald municipality		Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?			Is contributor a principal of a sta		tractor o			Yes	1	125.00
If yes, list Event #	⊠ No	0	of government the contract is			Executive	Legislative	⊠ No		125.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction Money C	Order	Date Re 07/30	eceived /2023	Aggregate Cont 260.			
Last Name				First	<u> </u>	- 1000				М
Anderson				Arthu	ur		<u> </u>			
Residential Street Address				City			,,,,,		State	Zip Code
221 Trumbull Street Apt. 27	05			Harti	ford				СТ	06103
Principal Occupation Executive						Name of Employ Imagineers, I	-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Tes	does cor	bution is in excess of \$400 to a cal ontributor or business he/she is ass at more than \$5,000?		ed with h		h said municipality		Amour	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 sta If yes, indicate which branch of government the contract is	or brar			e contractor?	Yes No		500.00
Method of Contribution:	redit/Debit	Card [Payroll Deduction Money C	· 1	Date Re 07/28/		Aggregate Cont 1,000			
Last Name				First					<u> </u>	MI
Johnson				Trac	y-Ann					
Residential Street Address 14 Pawtucket Street			ļ	City Hartf	ford				State CT	Zip Code 06114
Principal Occupation				<u> </u>		Name of Employ	/er		<u> </u>	
Is 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?	ndidate sociate	d with ha	hief executive offic ave a contract with Yes XN	h said municipality	у,	Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ye		ls contributor a principal of a sta If yes, indicate which branch of government the contract is	or bran	tractor o	r prospective state		Yes No		25.00
Method of Contribution: Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money O	- 1	Date Re 07/15/		Aggregate Contr 25.0			
		- 10 m	\$UBT(TAL	L Sec	tion B - This	Page			650.00
			TOTAL of	addi	itiona	Section B	Pages			22572.33
TOTAL O	F ALL (RIBUTIONS FROM IND							23,222.33

Page 55 of 100

Market Control of the		MINISTER SERVICE				F15025657559					
NAME OF COMMITTEE (Pro	vide Compl	ete Nami	ne as Registered with	Filing Reposi	itory)				TYPE OF I	REPORT	
Lebron for Hartford								C	OCT10		
A. Total Contributio (See instructions for definition							eriod ONLY L SECTION A	\$			0.00
					······································						
			B. Itemized	i Contrib			m Individua	ils			
Last Name Lopez-Pacios				ļ	First Carl						M M
Residential Street Address	=				City	:	·			State	Zip Code
3 Muls Hill Drive				ļ	1 -	mington	1		!	СТ	06032-1638
Principal Occupation	—						Name of Employ	yer			
Retired						I	Retire				
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	Yes No	does co	ibution is in excess of ontributor or business at more than \$5,000?	s he/she is ass		ted with ha		th said municipality		Amour	nt of Contribution
is this contribution associated with an event reported in Section L1?	□ ''		Is contributor a prin				r prospective state	e contractor?	Yes		500.00
If yes, list Event #											500.00
Method of Contribution:						Date Re		Aggregate Contribu		1	
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	Money O)rder	07/08/	2023	500.00			-110-1101
Last Name	E				First	i					MI
Rodriguez				_!	Ruth	nie	<u>.</u>		_		
Residential Street Address		******		7	City					State	Zip Code
14272 Cheval Danforth Cou	urt			!	Orla	ando			'	FL	32828
Principal Occupation							Name of Employ	yer			<u> </u>
Receptionist						_}	Yakity-Yak				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does cor	bution is In excess of sontributor or business at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Y		Is contributor a prin-	•			prospective state	econtractor?	Yes	1	850.00
If yes, list Event #	. XNo	0 !	If yes, indicate w of government th				Executive [Legislative	X No		000.00
Method of Contribution:		_	<u> </u>			Date Red		Aggregate Contribu			
Cash Personal Check C	redit/Debit	Card	Payroll Deduction	Money O	rder	09/28/2	2023	1,350.00	}		
Last Name					First						MI
Lebron	·				Shar	ımika				!	
Residential Street Address					City					State	Zip Code
99 Lincoln St	·- <u></u>				Hart	ford				СТ	06106
Principal Occupation							Name of Employe	/er			
Self Employed			·		-		Shamika Leb	ron	<u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	does cor	bution is in excess of s ntributor or business l at more than \$5,000?	he/she is ass	sociate	ed with hav	ave a contract with Yes XN	h said municipality lo		Amoun	nt of Contribution
ls this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ye		Is contributor a princ If yes, indicate w. of government th	which branch o	or brai	nches		Legislative	Yes No		350.00
Method of Contribution: X Cash Personal Check Cr	redit/Debit	Card	Pavroll Deduction	— ∏ _{Money} O	rder	Date Red 07/14/2		Aggregate Contribut 1,000.00			
South Land Control of the Control of	Gui	Juli	Taylor.			l .	lion B - This				1,700.00
			T	4 2 2							21522.33
τοται ο	E ALL	CONT	I C RIBUTIONS FE	40.00			Section B F				
IVIALO	FALL		(Enter total on Lin								23,222.33

Page 56 of 100

NAME OF COMMITTEE (Provide Comp	olete Nam	e as Registered with Filing Repos	illory)				TYPE OF I	REPORT		
Lebron for Hartford							OCT10			
A. Total Contributions from (See instructions for definition of Small					riod ONLY . SECTION A	\$			0.00	
		B. Itemized Contrib	outic	ns fro	m individus	ıls				
Last Name			First		A Salah Marit Mari				MI	
Holmes			Core	еу						
Residential Street Address			City					State	Zip Code	
142 Adelaide Street	_		Hart	tford			i	СТ	06114	
Principal Occupation			<u> </u>		Name of Employ	yer	·	<u> </u>		
Coach						1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ibution 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	r	Amour	nt of Contribution	
Is this contribution associated with	Yes	Is contributor a principal of a sta		ntractor or			Yes	1		
an event renorted in Section I 17	event reported in Section L1? If yes, indicate which branch or branches VI.									
If yes, list Event #								ĺ		
Method of Contribution: Date Received Aggregate Contributions										
Last Name			First						MI	
Amarel		1	Carl						lvar.	
Residential Street Address			City					State	Zip Code	
307 Maple Avenue			Hart	lford				1	215 Code 06114	
Principal Occupation			<u> </u>		Name of Employ			<u> </u>	00117	
Warehouse					Finite Service					
	T _{if contri}	ibution is in excess of \$400 to a ca	-dida					Amoun	t of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	pouton is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?	sociate	ed with ha	ive a contract with Yes X N	h said municipality		Allivu.	t or Commission.	
Is this contribution associated with an event reported in Section L1?	1	Is contributor a principal of a sta			prospective state	contractor?	Yes			
If yes, list Event #	40	If yes, indicate which branch of government the contract is			Executive	Legíslative	⊠ No	ŀ	5.00	
Method of Contribution:				Date Re		Aggregate Contrib	outions			
☐ Credit/Debi	t Card	Payroll Deduction Money C)rder	08/29/	2023	5.00				
Last Name			First						MI	
Rodriguez		!	Joel	ĺ						
Residential Street Address			City	****				State	Zip Code	
14272 Cheval Danforth Court		ļ.	Orlai	ndo					32828	
Principal Occupation					Name of Employ					
Maintenance				- 1	Disney	v.				
is contributor a lobbyist, spouse, Yes	If contril	bution is in excess of \$400 to a car	ındidat	e for a chi	ief executive office	er of a municipality,		Amoun	t of Contribution	
or dependent child of a lobbyist?	does cor	ontributor or business he/she is ass at more than \$5,000?	sociate	ed with har	ve a contract with	n said municipality				
Is this contribution associated with		Is contributor a principal of a sta			Yes XN		Yes			
an event reported in Section L1?		If yes, indicate which branch	or brai	nches	<u>. </u>	_	∐ Yes No		500.00	
If yes, list Event # Method of Contribution:		of government the contract is	with.			Legislative				
Method of Contribution: Cash Personal Check Credit/Debi	· Card	1 Payroll Deduction Money C)rder	Date Red 09/28/2		Aggregate Contrib				
Model Co. Science Co.	Odre _			l		77				
		SUBTO	ATC	L Sect	ion B - This	Page			510.00	
		TOTAL of	add	itional	Section B I	Pages			22712.33	
TOTAL OF ALL		RIBUTIONS FROM IND (Enter total on Line 13, Cold						e	23,222.33	

Page 57 of 100

NAME OF COMMITTEE (P/0	vide Comp	lete Nam	ie as Registered with	Filing Repos	itory)				TYPE OF	REPORT		
Lebron for Hartford									OCT10			
A. Total Contributio							riod ONLY Section A	\$			0.00	
Last Name			B. Itemized	i Contrib	First		m Individua	lis			MI	
Biegeleisen					Мо							
Residential Street Address 612 Nutley Place				I	City Valle	ey Strea				State NY	Zip Code	
					V CLIII	ey one.	I			IN 1	11581	
Principal Occupation Real Estate							Name of Employ Shelbourne [-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	ibution is in excess of sontributor or business if at more than \$5,000?	he/she is ass		ed with ha	ief executive offic	cer of a municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes indicate which branch or branches												
If yes, list Event # No											500.00	
Method of Contribution: Date Received Aggregate Contributions										1		
Cash Personal Check XC	λredit/Debit	Card [Payroll Deduction	Money O)rder	08/02/	2023	500.	00			
Last Name					First						MI	
Coursey	<u>.</u>				Man	у						
Residential Street Address 21 Walbridge Rd					City Wes	st Hartfo	ord			State CT	Zip Code 06119	
Principal Occupation					!		Name of Employ	/er				
PR consultant							Coursey & Co					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	bution is in excess of sontributor or business hat more than \$5,000?	he/she is ass		ed with <u>ha</u>		h said municipality		Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Ye		Is contributor a princ If yes, indicate we of government th	vhich branch	or brai			e contractor?	☐ Yes ☒ No		50.00	
Method of Contribution:						Date Re		Aggregate Cont	ributions			
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction	Money O	irder	07/24/2	2023	100.0	00			
Last Name					First						MI	
Judd				1	Meg	jan						
Residential Street Address					City			<u> </u>		State	Zip Code	
208 Main Street Apt 23					East	t Hartfor	rd			СТ	06118	
Principal Occupation							Name of Employ	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	does cor	bution is in excess of \$ intributor or business h at more than \$5,000?	he/she is ass		ed with hav		said municipality		Amoun	t of Contribution	
an event reported in Section L1? If yes, list Event #										10.00		
Method of Contribution: Cash Personal Check Co	redit/Debit	Card 🔲	Payroll Deduction	Money O	rder	Date Red 07/02/2		Aggregate Contr 10.0	,			
				SUBTO)TAI	Secti	ion B - This	Page			560.00	
			TC)TAL of	addi	itional	Section B R	Pages			22662.33	
TOTAL O	F ALL (RIBUTIONS FF (Enter total on Lin								23,222.33	

I. MONETARY RECEIPTS (Sections A - K)

Page 58 of 100

NAME OF COMMITTEE (Pro-	ride Compl	ete Nam	ne as Registered with Filing Repos	illory)			1	YPE OF I	REPORT		
Lebron for Hartford							C	OCT10			
A. Total Contribution (See instructions for definition)			ill Contributors-Receiv			riod ONLY L SECTION A	\$			0.00	

			B. Itemized Contrib	outio	ns fro	m Individus	ıls				
Last Name				First			**************************************			М	
Ortiz				Sha	ıntae		<u></u>	1			
Residential Street Address				City		***			State	Zip Code	
62 Vineland Terrace				Hart	iford				СТ	06112	
Principal Occupation						Name of Employ	/er				
Server						Texas Road	House				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	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?	indidat sociate	ed with ha	hief executive offic ave a contract with Yes XN	h said municipality		Amour	nt of Contribution	
Is this contribution associated with	Ye	es	Is contributor a principal of a sta	ate cor	-	<u> </u>		Yes			
an event reported in Section L1? If yes, list Event #	⊠ No		If yes, indicate which branch of government the contract is	n or brai	anches		Legislative	⊠ No		10.00	
Method of Contribution: Date Received Aggregate Contributions									-		
Last Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First		·······				MI	
Harrison			1	Ches						34	
Residential Street Address				City					State	Zip Code	
97 Lincoln Street			1	! '	tford				CT	26 Code 06106	
Principal Occupation				<u> </u>		Name of Employ		J		00.00	
Тинора Ооскранон						Self Employe					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ties	does cor	bution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality		Amoun	t of Contribution	
Is this contribution associated with	Y€	es	Is contributor a principal of a sta			prospective state	contractor?	Yes	<u> </u>	·	
an event reported in Section L1? If yes, list Event #	X No	ا ه	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ No		185.00	
Method of Contribution:					Date Re		Aggregate Contribu	utions			
Cash Personal Check C	redit/Debit	Card 🔲	Payroll Deduction Money C	Order	09/15/	2023	1,000.00	0		•	
Last Name				First		,,,,,,,				MI	
Moralez			!	Jose	€						
Residential Street Address				City				"	State	Zip Code	
33 Sigourney Street Apt B			, , , , , , , , , , , , , , , , , , ,	Harti	ford				СT	06106	
Principal Occupation						Name of Employ	/er				
Welder					ļ	Union Weldin					
Is contributor a lobbyist, spouse,			bution is in excess of \$400 to a car			lef executive office	er of a municipality,		Amoun	t of Contribution	
		does cor	ontributor or business he/she is ass at more than \$5,000?		ed with ha	ave a contract with	said municipality				
Is this contribution associated with		<u> </u>	Is contributor a principal of a sta	-to car		Yes XN		Yes			
an event reported in Section L1?	∐ Ye ☑ No		If yes, indicate which branch	or brai	nches		_	∐ Yes ⊠ No		5.00	
If yes, list Event #			of government the contract is				Legislative				
Method of Contribution: X Cash Personal Check C	redit/Debit	Card [Payroll Deduction	- 1	Date Re 09/13/		Aggregate Contribu	tions			
Edobai Cit cionia citori. Cio.	Gain Dept.	Jaiu	<u></u>	7,46,							
			SUBTO	ATC	L Sect	iion B - This	Page			200.00	
			TOTAL of	addi	itional	Section B I	?ages			23022.33	
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Cold							23,222.33	

Page 59 of 100

NAME OF COMMITTEE (Pro	ovide Comu	lote Naπ	ne as Registered with Filing Repo	sellary)				TYPE OF	REPORT	
	VILLE	B10-1-	S. S. Madional Ass. Mar.	311,017,6					ALIX.	
Lebron for Hartford	- AMARIAN	The state of the s				and described the		OCT10		
			all Contributors-Receiv			Priod ONLY L SECTION A	\$			0.00
(See instructions for definition	on of Sman	Contriuu	for)	SUL	IUIM	SEGIUNA				
					and the second					
			B. Itemized Contri			m Individus	ils			
Last Name				First					<u> </u>	MI
Lamonico					ndra		· · · · · · · · · · · · · · · · · · ·			
Residential Street Address				City	rtford				State	Zip Code
9 Nepaug Street				Пан	Ποια	Τ			СТ	06106
Principal Occupation						Name of Employ	-			
Tutor		1	*****	***		Home School			 	
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	ibution is in excess of \$400 to a c ontributor or business he/she is a at more than \$5,000?		ted with ha		h said municipality		Amour	nt of Contribution
is this contribution associated with		'es	Is contributor a principal of a st		ntractor or			Yes	1	=
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate which branch of government the contract			Executive [Legislative	X No		5.00
Method of Contribution:	,		<i>y g y y y y y y y y y y</i>			eceived	Aggregate Contrib	butions	1	I
X Cash Personal Check C	Credit/Debit	Card	Payroll Deduction Money	Order	09/23/		5.00		_	
Last Name				First	ıt.		<u></u>			МІ
Duncan				Rob	pert					
Residential Street Address				City	,				State	Zip Code
4 Holley Lane				Pro	spect			!	СТ	06712
Principal Occupation				+	······	Name of Employe	/er		!	<u> </u>
Administration					i	Connecticut C				
ls contributor a lobbyist, spouse,	Yes		ibution is in excess of \$400 to a c					 ,	Amour	nt of Contribution
or dependent child of a lobbyist?	∑ No		ontributor or business he/she is as at more than \$5,000?	ssociate	_	ave a contract with		1		1
Is this contribution associated with		<u>.L</u>	Is contributor a principal of a st	tate cor				Yes	1	
an event reported in Section L1? If yes, list Event #	N K		If yes, indicate which branch of government the contract i	h or bra	anches		Legislative	∑ No		250.00
Method of Contribution:			UI government are commen		Date Re		Aggregate Contrib		1	
Cash Personal Check	Credit/Debit	Card [Payroll Deduction Money		07/15/		1,000.0			
Last Name				First	_		<u>!</u>		<u> </u>	МІ
Nicewicz				Alex	kis				1	
Residential Street Address				City			,		State	Zip Code
169 Sigourney Street				1 -	tford			1		06105
Principal Occupation						Name of Employe	/er			
· · · · · · · · · · · · · · · · · · ·					1		-			
Is contributor a lobbyist, spouse,			bution is in excess of \$400 to a ca						Amour	nt of Contribution
or dependent child of a lobbyist?		does cor	ontributor or business he/she is as at more than \$5,000?		ed with ha		h said municipality	1		
Is this contribution associated with	i	<u> </u>	Is contributor a principal of a str	ote cor				Yes	1	
an event reported in Section L1?	U No		If yes, indicate which branch	h or brai	anches		Legislative	∐ No		10.00
If yes, list Event # Method of Contribution:			of government the contract in	S Witti.	Date Re		Aggregate Contrib		ł	
Method of Contribution: Cash Personal Check C	:redit/Debit	Card	Payroll Deduction Money	Order	07/02/2		10.00	- 1	1	
	- Care	-		l						337.30
			SUB.I	OTA	L Sect	tion B - This	Page			265.00
			TOTAL of	add	itional	l Section B P	Pages		—	22957.33
TOTAL O	F ALL (RIBUTIONS FROM INI (Entertotal on Line 13, Col						_	23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page 60 of 100

NAME OF COMMITTEE (Provide	e Compli	ete Nami	e as Registered with Filing Ri	epository)		1	TYPE OF I	REPORT	
Lebron for Hartford						-	C	OCT10		
A. Total Contributions (See instructions for definition of						eriod ONLY L SECTION A	\$			0.00
	TI.		B. Itemized Con	tributi	ons fro	ım Individue	ils			
Last Name				Firs				10,000	Story B. Land	MI
Ortiz					nazz			****		
Residential Street Address				City	-			!	State	Zip Code
235 Farmington Ave				Па	artford	T			СТ	06105
Principal Occupation					1	Name of Employ				1
Pharmacy Technician						CVS Pharma				
	HYes	does cor	bution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?		ated with ha		h sald municipality		Amour	nt of Contribution
Is this contribution associated with	Ye	es	Is contributor a principal of		ontractor or			Yes		
an event reported in Section L1? If yes, list Event #	⊠ No	1	If yes, indicate which bra of government the contra			Executive	Legislative	X No		10.00
Method of Contribution:					Date Re		Aggregate Contrib	utions	1	
☐ Cash ☐ Personal Check ☒ Cred	dit/Debit	Card	Payroll Deduction Mor	iey Order	1		580.00			
Last Name			- 1	Firs	st		<u> </u>			MI
Thomas				Αlε	exander				ı	
Residential Street Address				City	y				State	Zip Code
253 Freeman St				1 1	artford			!	СТ	06106
Principal Occupation						Name of Employe	/er			
Pastor					,	South Church				
ls contributor a lobbyist, spouse,			bution is in excess of \$400 to						Amour	nt of Contribution
	I	does cor valued :	ontributor or business he/she is at more than \$5,000?	s associa		ave a contract with	•	1		
Is this contribution associated with	 Ye	L	Is contributor a principal of a	a state c				Yes		
an event reported in Section L1?	∑ No	1	If yes, indicate which bra of government the contra	anch or br	ranches		Legislative	⊠ No		10.00
// yes, list Event # Method of Contribution:			or government the contac	ICt is with	Date Re		Aggregate Contribu			
Cash Personal Check X Cred	dit/Debit	Card	Payroll Deduction Mor	rev Order	ı		10.00	Allons		
Last Name			, wy, on 2022	Firs						М
Gregory				- 1	ayle				,	M
Residential Street Address				City	· · · · · · · · · · · · · · · · · · ·				State	Zip Code
23 Ward Street		•			uttord			1		06106
Principal Occupation				——		Name of Employe	/er			
Bartender					1	Silver Dollar				
IItibuter a labbuiet angusa F	٦.,	If contrit	bution is in excess of \$400 to	a candid	ste for a ct	<u> </u>	er of a municipality,		Amour	nt of Contribution
	res	does con	intributor or business he/she is at more than \$5,000?		ated with ha	ave a contract with	h said municipality	ļ		
Is this contribution associated with		<u> </u>	Is contributor a principal of a	- ctoto o		Yes XNo		Yes		
an event reported in Section L1?	☐ Ye ☑ No		If yes, indicate which bra	anch or br	ranches			☐ Yes ☐ No		5.00
If yes, list Event #			of government the contra	ıct is with			Legislative			
Method of Contribution: X Cash Personal Check Cred	dit/Debit /	Card 🗌	Payroll Deduction Mon	ey Order	Date Re 08/29/		Aggregate Contribu	utions	l	
	10002				8 - W - V - V - V - V					
			SUE	STOTA	AL Sect	tion B - This	Page			25.00
						l Section B F				23197.33
TOTAL OF	ALL C		RIBUTIONS FROM I (Enter total on Line 13, I							23,222.33

Page 61 of 100

NAME OF COMMITTEE (P/o	vide Comp	letë Nam	e as Registered with	Filing Repos	iitory)				TYPE OF	REPORT	
Lebron for Hartford				<u> </u>		4			OCT10		
A. Total Contributio	Manager Carlot per foreign	AND THE RESIDENCE OF THE PROPERTY OF THE PAR			1000 C 400 C 500 C 500 C 500 C		eriod ONLY SECTION A	\$			0.00
										·	
Last Name			B. Itemized	l Contrib	outio First		m Individus	ils			MI
Yanco					Jeffr	rey					
Residential Street Address					City					State	Zip Code
12 Winter St					Man	ncheste	r			СТ	06040
Principal Occupation							Name of Employ	yer			
Retired	· · ·						Retired	· <u></u>	· · · · · · · · · · · · · · · · · · ·		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ☑No	does co	ibution is in excess of ontributor or business at more than \$5,000?	he/she is as:		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with		es	Is contributor a prin						Yes	1	: 50.00
an event reported in Section L1? If yes, list Event #	_ 🖾 N		If yes, indicate w				Executive [Legislative	⊠ No		100.00
Method of Contribution:						Date Re		Aggregate Contr	ributions	1	ļ
☐ Cash ☐ Personal Check 🔀 C	>redit/Debit	Card	Payroll Deduction	☐Money O)rder	09/12/	2023	100.0	oo		
Last Name					First						MI
Bythewood				ļ	Juliu	JS					1
Residential Street Address					City			***		State	Zip Code
1475 Burke Avenue				ļ	Bron				1	NY	10469
Principal Occupation							Name of Employ	/er		ــــــــــــــــــــــــــــــــــــــ	
Neurophysiology						ļ	Nspc	-			1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Li Yes	does cor	bution is in excess of contributor or business is at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	٠, ت		Is contributor a princ				prospective state	contractor?	Yes		250.00
If yes, list Event #	⊠No	o !	If yes, indicate w of government th				Executive	Legislative	X No		250.00
Method of Contribution:						Date Re		Aggregate Contr			
Cash Personal Check XC	redit/Debit	Card	Payroli Deduction	Money O	rder	09/02/	2023	250.0)0		
Last Name					First						MI
Simpson					Theo	o 					
Residential Street Address					City	******				State	Zip Code
36 Vine Street					Hartf	ford				СТ	06112
Principal Occupation							Name of Employe	er			
Operator							USA Recyclin	1g			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	does cor	bution is in excess of sontributor or business to at more than \$5,000?	he/she is ass		ed with ha		n said municipality		Amoun	nt of Contribution
ls this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Ye	1	Is contributor a princ If yes, indicate we of government th	vhich branch	or bran s with:	nches	Executive	Legislative	Yes No		5.00
Method of Contribution:	_	_		_		Date Re		Aggregate Contr		1	
Cash Personal Check C	redit/Debit (Card 📙	Payroll Deduction	Money O	rder	09/27/2	2023	5.00		L	
				SUBTO)TAI	L Secti	ion B - This	Page			355.00
							Section B P				22867.33
TOTAL O	FALL		RIBUTIONS FR (Enter total on Lin								23,222.33

Page 62 of 100

NAME OF COMMITTEE (Provi	ide Compli	ete Nam	e as Registered with Filing Repos	iltory)				TYPE OF I	REPORT	
Lebron for Hartford								OCT10		
A. Total Contribution (See instructions for definition			ill Contributors-Receiv			riod ONLY SECTION A	\$			0.00
							Michael Company			· · · · · · · · · · · · · · · · · · ·
Last Name			B. Itemized Contrib	butlo First		m Individue	ils			MI
Andrews				isha						
Residential Street Address				City					State	Zip Code
16 Rodney Street				Hart	tford				СТ	06105
Principal Occupation CNA	_					Name of Employ	/er			
	To res	does cor	ibution is in excess of \$400 to a ca ontributor or business he/she is ass at more than \$5,000?	ındidat isociati	ed with ha	hief executive offic ave a contract with Yes XN	th said municipality	f,	Amour	nt of Contribution
Is this contribution associated with	Ye	es	Is contributor a principal of a sta		ntractor or			Yes	1	
an event reported in Section L1? If yes, list Event #	⊠ No		If yes, indicate which branch of government the contract is	h or bra	anches		Legislative	⊠ No	ļ	50.00
Method of Contribution:					Date Re		Aggregate Contri	ibutions	1	
Cash Personal Check Cre	edit/Debit (Card	Payroll Deduction Money O	Order 1	08/16/	2023	50.00	o'		
Last Name				First					<u> </u>	MI
Mulero				Jaco	ob	····	·			
Residential Street Address				City					State	Zip Code
32 Race Brook Road West Hartford									СТ	06107
Principal Occupation				_		Name of Employ	/er			
Retired						Retired				
	ا هور ا	does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass at more than \$5,000?	ndidate sociate	ed with ha	nief executive office ave a contract with Yes XN	h said municipality	3	Amoun	nt of Contribution
Is this contribution associated with	Ye	∌s	Is contributor a principal of a sta			prospective state	e contractor?	Yes		40.00
an event reported in Section L1? If yes, list Event #	⊠ No	, I	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ №		40.00
Method of Contribution:					Date Re	eceived	Aggregate Contri			
Cash Personal Check Cre	edit/Debit (Card 🔲	Payroll Deduction Money C	Order	07/01/2	2023	40.00	ა <u> </u>		
Last Name				First		, 115				М
Ward				DeV	/aughn					
Residential Street Address		_		City					State	Zip Code
419 Keoniana Streer				Hon	olulu				СТ	96815
Principal Occupation						Name of Employ				
Attorney						Ward Law LL				
		does cor	bution is in excess of \$400 to a car ontributor or business he/she is ass are than \$5,000?	ndidate sociate	ed with ha	nief executive office ave a contract with Yes XN	h said municipality	1	Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Ye		Is contributor a principal of a sta		ntractor or			Yes		-~ +4
If yes, list Event #	ΧNο	,	If yes, indicate which branch of government the contract is			Executive [Legislative	⊠ No		25.00
Method of Contribution:				7	Date Red		Aggregate Contril			
Cash Personal Check CC	∍dit/Debit C	Card 🔲	Payroll Deduction Money O	ırder	09/12/2	2023	275.00	0		
			SUBTO	ATC	L Sect	ilon B - This	Páge			115.00
						Section B R	_			23107.33
TOTAL OF	ALLC		RIBUTIONS FROM IND (Enter total on Line 13, Cold							23,222.33

Page 63 of 100

•										. ago of
NAME OF COMMITTEE (Pro	vide Comp	ilete Nam	ne as Registered with Filing Repos	sitory)				TYPE OF	REPORT	
Lebron for Hartford								OCT10		
A. Total Contribution (See instructions for definition)			all Contributors-Receiv			Priod ONLY L SECTION A	\$			0.00
			B. Itemized Contrib	outic	ons fro	m individus	nis			
Last Name				First						MI
Zura				Zoe	у					
Residential Street Address 1488 Morris Street				City Hart	tford				State CT	Zip Code 06114
Principal Occupation						Name of Employ	yer		.1	
Cleaner						Cleaning Ser	vices			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	□Yes XNo	does co	ibution is in excess of \$400 to a ca ontributor or business he/she is as: at more than \$5,000?		ted with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with	ΟY	 /es	Is contributor a principal of a sta		ntractor o			Yes	1	E 00
an event reported in Section L1? If yes, list Event #	ΣN	10	If yes, indicate which branch of government the contract is			Executive	Legislative	∑ No		5.00
Method of Contribution:	Credit/Debit	t Card [Payroll Deduction Money C	Order	Date Re 08/28/		Aggregate Contr		1	
Last Name				First	ı		-1			MI
Harvey				Tam	nbree			<u> </u>		L
Residential Street Address 91 Newton Street				City Hart	tford				State CT	Zip Code 06106
Principal Occupation				1		Name of Employ	rer ce at South Wi	indeor	<u> </u>	<u> </u>
	<u> </u>	If contri	ibution is in excess of \$400 to a ca	andida [†]	te for a cl				Amour	nt of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co	ontributor or business he/she is ass at more than \$5,000?		ed with ha		h said municipality			
is this contribution associated with an event reported in Section L1?	□ _Y		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	anches		contractor?	Yes No		10.00
If yes, list Event # Method of Contribution:			or government the contract to	i wa.	Date Re		Aggregate Contr			
X Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money C)rder	07/08/	2023	10.00			
Last Name				First						MI
Smith				Paris	she			<u> </u>	<u> </u>	
Residential Street Address 31 East Raymond Street			ļ	City Hart	tford				State CT	Zíp Code 06112
Principal Occupation				Ш_		Name of Employe	er	I		••••
Yds					ļ	ĺ	ric Association			
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		said municipality	',	Amoun	nt of Contribution
Is this contribution associated with	Y	1	Is contributor a principal of a sta	ite con		*****		Yes		
an event reported in Section L1? If yes, list Event #	X N		If yes, indicate which branch of government the contract is	or brai	nches		Legislative	∑ No		25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☒ C	redit/Debit	Card	Payroll Deduction Money O	rder	Date Re 09/12/2		Aggregate Contri			
Oddin Circumstance	iouic Deco.	Caro _	· · · · · · · · · · · · · · · · · · ·	1401	L	lon B - This				40.00
			TOTAL of	add	itlonal	Section B F	Pages	-		23182.33
TOTAL O	FALL		RIBUTIONS FROM IND	OIVIO	DUALS	(Sections A	4 + B)			23,222.33
		ATTENDED TO SERVICE OF THE PERSON OF THE PER	(ENIGELUIA: VII LING 10. LUIV	4141114	A SUBSTITUTE OF THE PARTY OF TH	illianv.maucii.u				

Page 64 of 100

										rage - tor to
NAME OF COMMITTEE (Pro	vide Compl	lete Nam	e as Registered with Filing Repos	itory)				TYPE OF I	REPORT	
Lebron for Hartford							(OCT10		
A. Total Contributio			ill Contributors-Receiv			riod ONLY SECTION A	\$			0.00
										· = ·······
			B. Itemized Contrib	utio	ns fro	ım Individus	als			-3/01
Last Name				First				_		MI
Desauguste			!	Ferli	ina					
Residential Street Address				City					State	Zip Code
3 Downey Drive				Man	cheste	r			СТ	06108
Principal Occupation						Name of Employ	•			 _ "
Host		·				Texas Road	House			
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 ass at more than \$5,000?		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with	Y	'es	Is contributor a principal of a sta		tractor o	<u> </u>		Yes		
an event reported in Section L1? If yes, list Event #	ΩN	lo	If yes, indicate which branch of government the contract is		nches	Executive	Legislative	⊠ No		10.00
Method of Contribution:	<u></u>				Date Re		Aggregate Contrib	utions		
Cash	credit/Debit	Card	Payroll Deduction Money C)rder	07/02/	/2023	10.00			
Last Name				First			· ·			MI
Perez			,	Jeffre	ey					
Residential Street Address				City					State	Zip Code
24 Lewis Road				Mari	lboroug	jh 	<u></u> -		СТ	06447
Principal Occupation						Name of Employ	yer			
Vice president						1250 Park Fo	ood Corp			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does co	bution is in excess of \$400 to a cal ontributor 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	Y	es	Is contributor a principal of a sta					Yes		
an event reported in Section L1? If yes, list Event #	×Ν	.o.	If yes, indicate which branch of government the contract is		nches	☐ Executive	Legislative	⊠ No		25.00
Method of Contribution:				\neg	Date Re	ceived	Aggregate Contrib	utions		
Cash Personal Check	redit/Debit	Card	Payroll Deduction Money O)rder	09/12/	2023	1,025.0			
Last Name				First		,				М
Morris				Cher	risse	_				
Residential Street Address				City	110				State	Zip Code
214 Main Street				Hartf	ford				СТ	06106
Principal Occupation						Name of Employ	/er			
Solution Specialist						Craig Solution	ns	<u> </u>		
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		es	is contributor a principal of a state		tractor or			Yes		ļ
an event reported in Section L1? If yes, list Event #	X N		If yes, indicate which branch of government the contract is		nches	Executive	Legislative	⊠ No		5.00
Method of Contribution:					Date Re		Aggregate Contrib	utions		
Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money O	rder	08/23/	2023	5.00			<u></u>
	i i		SUBTO	DTAL	L Sect	llon B - This	Page			40.00
			TOTAL of	addi	itional	Section B l	Pages			23182.33
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Cold							23,222.33

Page 65 of 100

NAME OF COMMITTEE (Provide Comp	lete Name	e as Registered with Filing Repo:	sitory)			1	TYPEOF	REPORT	
Lebron for Hartford						C	OCT10		
A. Total Contributions from (See instructions for definition of Small					eriod ONLY L SECTION A	\$			0.00
Last Name		B. Itemized Contrib	butio	to a service of the s	m Individua	is			MI
Mestre			Joe						
Residential Street Address			City		· · · · · · · · · · · · · · · · · · ·			State	Zip Code
18 Essex Street			Har	tford				СТ	06114
Principal Occupation			-	<u></u>	Name of Employe	er			
	T., -antrit	" - '- '- '- '- '- '- '- '- '- '- '- '- '		· *== 0.0'	D'Anjelos	inglity		T Amou	nt of Contribution
ls contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does con	bution is in excess of \$400 to a ca intributor or business he/she is as: at more than \$5,000?		ed with ha		h said municipality	1	Aittoui	it of Contribution
Is this contribution associated with	٠	Is contributor a principal of a sta	ate cor				Yes	1	
an event reported in Section L1? If yes, list Event #		If yes, indicate which branch of government the contract is	h or bra	anches		Legislative	⊠ No		390.00
Method of Contribution:				Date Re	eceived	Aggregate Contribu		1	
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card 🔲	Payroll Deduction	Order	09/18/	/2023	442.00	!!		
Last Name			First						MI
Rivera			Alej	andro					
Residential Street Address			City					State	Zip Code
191 Goodrich Street			Hart	tford			ļ	СТ	06114
Principal Occupation	_		•		Name of Employe	er		_	
Door Dasher	<u> </u>				Door Dash				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con	oution is in excess of \$400 to a ca ntributor 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?	- 1	Is contributor a principal of a sta			prospective state	contractor?	Yes		5.00
If yes, list Event #N	.0	of government the contract is			Executive	Legislative	X No	1	5.00
Method of Contribution:				Date Re		Aggregate Contribu	tlons		
X Cash ☐ Personal Check ☐ Credit/Debit	Card 📙	Payroll Deduction Money O		09/10/	2023	5.00			
Last Name Morales		,	First Kelv					1	MI
			⊢ –					State	7'- Codo
Residential Street Address 33 Sigourney Street Apt B		!	City Hartt				1		Zip Code 06106
Principal Occupation					Name of Employe			<u></u>	00100
Welder					Union Welding				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does cont	oution is in excess of \$400 to a car ntributor or business he/she is ass at more than \$5,000?	ndidate sociate	e for a chi	nief executive office	er of a municipality, said municipality		Атоип	nt 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 brai	nches	prospective state of	contractor?	☐ Yes ☒ No		5.00
Method of Contribution: X Cash Personal Check Credit/Debit (~~d 🗖	Devel Dadustion	-dar	Date Red 09/15/2	J	Aggregate Contribu	tions	l	
Cash Personal Check Corections	Card								400.00
					lion B - This				400.00
					Section B P	- 10			22822.33
TOTAL OF ALL (RIBUTIONS FROM IND (Enter total on Line 13, Cold					_		23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page 66 of 100

NAME OF COMMITTEE (Provi	ide Compl	ete Nam	e as Registered with	Filing Repos	itory)			T	YPE OF F	REPORT	
Lebron for Hartford								C	CT10		
A. Total Contribution (See instructions for definition							riod ONLY SECTION A	\$			0.00
	n.			(10gm #S		- me					
			B. Itemized	i Contrib		oli di	ım Individua	ils			## 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Last Name Molina					First Mag						MI
Residential Street Address					City					State	Zip Code
83 Pliny Street					1 1	tford			1	CT	06120
Principal Occupation		·					Name of Employ	/er			
	Yes No	does cor	bution is in excess of to intributor or business lat more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amour	nt of Contribution
Is this contribution associated with		<u> </u>	ls contributor a princ		ate cor				Yes	1	
an event reported in Section L1? If yes, list Event #	X No		If yes, indicate w	vhich branch	or brai	anches		Legislative	⊠ No		5.00
Method of Contribution:			0, 90.2	10 601	Press.	Date Re		Aggregate Contribu		1	1
⊠Cash ☐ Personal Check ☐ Cr	redit/Debit	Card	Payroll Deduction	Money O)rder_	09/11/		5.00			
Last Name					First		-	4			MI
Vargas					Ama	ıdo					
Residential Street Address			,		City					State	Zip Code
26 Paley Farm Road					Porti	land	<u></u>			СТ	06480-1021
Principal Occupation							Name of Employ	/er			- 1111
Attorney							VCW Law Fir	(m			
	H.es	does cor	bution is in excess of 5 ntributor or business I at more than \$5,000?	he/she is ass		ed with <u>ha</u>		h said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	Ye		Is contributor a princ				prospective state	contractor?	Yes		100.00
If yes, list Event #	⊠ No	5	If yes, indicate w of government th				Executive [Legislative	X No		100.00
Method of Contribution:						Date Red		Aggregate Contribu	1		
Cash Personal Check X Cre	edit/Debit (Card	Payroll Deduction	Money O	rder	07/10/2	2023	200.00			
Last Name					First						МІ
Norman					Tani	qua					
Residential Street Address					City	دا مائام ا	-1		I	State	Zip Code
4012 Windy Creek Dr					Che	sterfield				VA	23832
Principal Occupation Homemaker				_			Name of Employ Homemaker	er			
	□ res	does cor	oution is in excess of \$ ntributor or business t at more than \$5,000?	he/she is ass		ed with ha		h said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	☐ Ye		Is contributor a princ	vhich branch d	or brar	nches	prospective state	contractor?	☐ Yes		25.00
If yes, list Event #	٠٠٠-لما		of government th		s with:	<u> </u>		Legislative	⊠ No	ĺ	
Method of Contribution: ☐ Cash ☐ Personal Check ☒ Cre	radit/Debit	Card [Dawroll Deduction	Money C		Date Red 07/06/2		Aggregate Contribu	tions	ĺ	
Dodon Dr. eroongi ondon 23 on	SOIL DODE	Jaiu	Payton Deduction								
				SUBTO)TAI	_ Secti	ion B - This	Page			130.00
							Section B F				23092.33
TOTAL OF	FALL		RIBUTIONS FE (Enter total on Lin								23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page 67 of 100

NAME OF COMMITTEE (Pro	vide Compl	ete Nam	ie as Registered with Filling Repos	iltory)				TYPE OF	REPORT	
Lebron for Hartford								OCT10		
A. Total Contributio			ill Contributors-Receive			riod ONLY SECTION A	\$			0.00
A section of the sect				THE SECTION ASSESSMENT						
			B, Itemized Contrib	outic	ons fre	ım İndividur	als			
Last Name	100 C 10 C 100 C 1			First			2010			MI
Van De Car		****		Lisa	i				- -	
Residential Street Address				City					State	Zip Code
52 Cottage Road			· · · · · · · · · · · · · · · · · · ·	Enfi	eld				CT	06082
Principal Occupation		<u>-</u>		-		Name of Employ	yer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	ibution is in excess of \$400 to a car contributor or business he/she is ass at more than \$5,000?		ed with ha	ave a contract with	h said municipality		Amour	nt of Contribution
Is this contribution associated with		<u> </u>	Is contributor a principal of a sta	ale cor		Yes XN		Yes	1	!
an event reported in Section L1?	IJ Y€		If yes, indicate which branch of government the contract is	or bra	anches	<u></u> .	Legislative	☐ Yes		10.00
If yes, list Event # Method of Contribution:			Of government the contract to	i Wiai.	Date Re		Aggregate Contr		1	
Cash Personal Check	Credit/Debit	Card [Payroll Deduction Money O)rder	07/02/		10.0			
Last Name			1	First					<u></u>	MI
Aina			1	Ola						
Residential Street Address				City					State	Zip Code
2 Brooke Street				Bloc	omfield				СТ	06002
Principal Occupation			<u> </u>			Name of Employ	/er			
Unemployed						Unemployed		_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		does co	button 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		Amoun	nt of Contribution
Is this contribution associated with	Ye	es	Is contributor a principal of a stat					Yes		
an event reported in Section L1? If yes, list Event #	⊠ Nd		If yes, indicate which branch of government the contract is			Executive [Legislative	No 🛛		50.00
Method of Contribution:					Date Re	ceived	Aggregate Contr	ributions		
Cash Personal Check CC	redit/Debit	Card	Payroll Deduction Money O	rder	09/04/	2023	150.0			
Last Name				First						MI
Soto			_	Hect	tor					
Residential Street Address				City					State	Zip Code
316 Park Terrace				Hartl	ford				СТ	06106
Principal Occupation						Name of Employ	er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	LI Yes	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	<i>'</i> ,	Amoun	t of Contribution
Is this contribution associated with	Ye		Is contributor a principal of a stat		tractor or			Yes		
an event reported in Section L1? If yes, list Event #	⊠ No	1	If yes, indicate which branch of government the contract is			Executive	Legislative	X No		10.00
Method of Contribution:				— т	Date Red		Aggregate Contr	ibutions		
Cash Personal Check XC	redit/Debit (Card 🔲	Payroll Deduction Money Or	rder	07/01/2	2023	10.00)		
			SUBTO	ATC	_ Sect	ion B - This	Page			70.00
			TOTAL of	addi	itional	Section B R	Pages			23152.33
TOTAL O	FALLC		RIBUTIONS FROM IND (Enter total on Line 13, Colu							23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page 68 of 100

NAME OF COMMITTEE (Pro	vide Compl	ete Name	e as Registered with I	Filing Repos	(tory)			T	YPE OF I	REPORT	
Lebron for Hartford	-							0	CT10		
A. Total Contribution (See instructions for definition							riod ONLY SECTION A	\$			0.00
			B. Itemized	l Contrib	utic	ns fro	ım lindi vidus	s			
Last Name					First				36 SA		MI
Shannon					Dan	ielle					
Residential Street Address					City					State	Zip Code
73 Roosevelt Street 3rd Flo	or Apt C			i	1 1	lford				СТ	06114
Principal Occupation					! <u>-</u>		Name of Employ	/er			
Dog Breeder							Webster Bulli				
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 h		n said municipality		Amour	et of Contribution
Is this contribution associated with	□ Y-	es	Is contributor a prin				r prospective state	contractor?	Yes		
an event reported in Section L1? If yes, list Event #	MМ	0	If yes, indicate w of government th				Executive	Legislative	X No		5.00
Method of Contribution:						Date Re		Aggregate Contribu	ıtions		
X Cash ☐ Personal Check ☐ C	redit/Debit	Card 🗀	Payroll Deduction	Money O	rder	09/02/	2023	5.00			
Last Name		***************************************			First	•					Mi
Resto					Iris						
Residential Street Address					City		···			State	Zip Code
407 Willard Street Apt S					Hart	ford				СТ	06105
Principal Occupation							Name of Employ	rer			
Nail Technician							Roxy Nails				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does cor	oution is in excess of ntributor or business at more than \$5,000?			ed with ha		n 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 print If yes, indicate w of government th	hich branch	or bra			contractor?	Yes No		5.00
Method of Contribution:						Date Re		Aggregate Contribu	tions		
Cash	redivDebit	Card 🔲	Payroll Deduction	Money O	rder	09/10/		5.00			
Last Name					First						MI
Esquilin					Isma	ael					
Residential Street Address					City		, ,			State	Zìp Code
100 Bond Street 2W					Hart	ford				CT	06114
Principal Occupation Barber	- "		"				Name of Employ	er			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does co	oution is in excess of s ntributor or business l 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 #	□ Ye	1	Is contributor a princ If yes, indicate w of government th	hich branch	or bra		<u> </u>	contractor?	Yes X		5.00
Method of Contribution: Cash Personal Check C	redit/Debit	Card 🔲	Payroll Deduction	☐Money O	rder	Date Re 08/23/		Aggregate Contribu	tions		
				SUBTO	DTA	L Sect	ion B - This	Page			15.00
	- <u> </u>			A			Section B I				23207.33
TOTALO	FALL		RIBUTIONS FI (Enter total on Lis								23,222.33

Page 69 of 100

NAME OF COMMITTEE (Provide Comple	lete Name as Registered with Fil	ling Reposito	ny)		ī	YPEOF	REPORT	
Lebron for Hartford					C	OCT10		
A. Total Contributions from (See instructions for definition of Small of				eriod ONLY L SECTION A	\$			0.00
Last Name	B. Itemized (itions fro	im Individua	ls			Тмі
Lolar		1	riisi Justin					IVII
Residential Street Address			City				State	Zip Code
59 Colebrook Street		 	Hartford				CT	06112
Principal Occupation				Name of Employe	er			
Mechanic	<u> </u>			JD Auto				
or dependent child of a lobbyist?	If contribution is in excess of \$4 does contributor or business he valued at more than \$5,000?		ciated with h		said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	# ! t			r prospective state	contractor?	Yes		5.00
If yes, list Event #	of government the			Executive	Legislative	⊠ No		0.00
Method of Contribution: ☑ Cash ☐ Personal Check ☐ Credit/Debit 0	- 1 Co	٦.,	1	eceived /2023	Aggregate Contrib	utions		
Last Name	Card Payroll Deduction		First	12023	0.00			MI
Hopkins		1	Robert					IVfi
Residential Street Address		- (City	<u></u>			State	Zip Code
4 Garden Street		H	-lartford				СТ	06105
Principal Occupation				Name of Employe				
Selector				CJ Warehous				
or dependent child of a lobbyist?	If contribution is in excess of \$44 does contributor or business her valued at more than \$5,000?		ciated with h		said municipality		Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1?	\$ 17			r prospective state	contractor?	Yes		5.00
If yes, list Event #No	o of government the			Executive	Legislative	X No		0.00
Method of Contribution:			Date Refer 09/16/		Aggregate Contribu	tions		
Cash Personal Check Credit/Debit C	Card Payroll Deduction		ler U9/10/ First	2023	J.00			MI
Rodriguez			rirsi Ruthie					. Wili
Residential Street Address		С	City				State	Zip Code
14272 Cheval Danforth Court		0	Orlando				FL	32828
Principal Occupation Receptionist	,			Name of Employe Yakity-Yak)t			
	If contribution is in excess of \$40	ino to a cand	lidate for a cl		er of a municipality.		Amoun	t of Contribution
or dependent child of a lobbyist?	does contributor or business he/ valued at more than \$5,000?		ciated with ha		said municipality		*******	
Is this contribution associated with an event reported in Section L1?	tt van den etter en de de la dela de			prospective state	contractor?	Yes	ı	500.00
If yes, list Event #	o If yes, indicate which of government the c			Executive	Legislative	X No		500.00
Method of Contribution: Cash Personal Check Credit/Debit C	Card Pavroll Deduction X	Money Orde	Date Re ler 07/14/		Aggregate Contribu			
				lon 8 - This		I.		510.00
TOTAL OF ALL			<u> </u>	Section B P		w-		22712.33
TOTAL OF ALL C	CONTRIBUTIONS FRO Enter total on Line							23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page 70 of 100

NAME OF COMMITTEE (Pro	vide Compl	lete Nami	e as Registered with Filing Repos	itory)				TYPE OF	REPORT	
Lebron for Hartford								OCT10		
A. Total Contributio			II Contributors-Receiv			riod ONLY SECTION A	\$			0.00
			<u>""</u>				<i>36.</i>			
			B. Itemized Contrib	utlo	ins fro	m Individus	ils			
Last Name				First						MI
Bellucci				Brer	nda —					
Residential Street Address				City	الماء عندا	· ·			State	Zip Code
18 Lostbrook Road				wes	st Hartfo	I			СТ	06117
Principal Occupation						Name of Employ				
Teacher		T.,					rd of Educatio			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ 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		h said municipality		Amour	nt of Contribution
Is this contribution associated with	Y	es	Is contributor a principal of a sta		tractor o	<u> </u>		Yes		
an event reported in Section L1? If yes, list Event #	ΣN		If yes, indicate which branch of government the contract is			Executive	Legislative	⊠ No		100.00
Method of Contribution:					Date Re		Aggregate Cont	ributions		
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction Money C)rder	08/12/	2023	200.			i
Last Name				First		*****			<u></u>	Mi
G.				Rich	1					
Residential Street Address				City					State	Zìp Code
96 Brown St				Hart	ford				СТ	06114
Principal Occupation			, 	<u> </u>		Name of Employ	/er	<u> </u>		<u> </u>
Manager						OWMarket				,
Is contributor a lobbyist, spouse,	Yes		bution is in excess of \$400 to a ca					у,	Amour	nt of Contribution
or dependent child of a lobbyist?	No		ntributor or business he/she is as: at more than \$5,000?	sociate	_	ave a contract with				
Is this contribution associated with	Y	es	Is contributor a principal of a sta	ate con				Yes		
an event reported in Section L1? If yes, list Event #	×Ν		If yes, indicate which branch of government the contract is	or brai			Legislative	⊠ No		135.00
Method of Contribution:			or government the continuous		Date Re		Aggregate Cont	ributions		
☐ Cash ☐ Personal Check 🛛 C	redit/Debit	Card	Payroll Deduction Money C)rder	07/08/		260.0			
Last Name				First			1			MI
Ramos				Mart	ta					
Residential Street Address				City					State	Zip Code
16 Niles Street				Hart	ford				СТ	06105
Principal Occupation				<u> </u>		Name of Employ	ег			
						TMS				
Is contributor a lobbyist, spouse,	Yes		oution is in excess of \$400 to a ca					/.	Amour	t of Contribution
or dependent child of a lobbyist?	No		ntributor or business he/she is ass at more than \$5,000?	sociate		ive a contract with	. ,			
Is this contribution associated with	Y		Is contributor a principal of a sta	te con	-	· · · · · · · · · · · · · · · · · · ·		Yes		
an event reported in Section L1?	No.		If yes, indicate which branch of government the contract is	or brai		<u>. </u>	Legislative	⊠ No		25.00
If yes, list Event # Method of Contribution:			Of government the contract to	Witte.	Date Re		Aggregate Contr			
Cash Personal Check C	redit/Debit	Card	Payroll Deduction Money O	rder	07/15/		25.0	1		
			SUBIR	JIAI	L Seci	lon B - This	Page			260.00
			TOTAL of	addi	itional	Section B I	Pages			22962.33
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Colo					******		23,222.33

Page 71 of 100

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	ne as Régistered with Filing Repos	ilory)				TYPE OF	REPORT				
Lebron for Hartford								OCT10					
A. Total Contribution (See instructions for definition)			ill Contributors-Receiv			eriod ONLY L SECTION A	\$		·	0.00			
Last Name			B. Itemized Contrib	outic I Firsi		im lindlyidus	ils _	$\mu = 30 = 3.0$		MI			
Rodriguez	Breona						IVI						
Residential Street Address 14272 Cheval Danforth Court					City Orlando					Zip Code 32828			
Principal Occupation Associate	Name of Employer Disney												
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes XNo	does co		100 to a candidate for a chief executive officer of a municipality, e/she is 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		Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or bra	anches		e contractor?	Yes No	500.00				
Method of Contribution:	Credit/Debit	Card [Payroll Deduction Money C)rder	Date Re 07/11/		Aggregate Contri 500.0		ns				
Last Name				First						MI			
Monts				Devone					State	7:- O-42			
Residential Street Address 1589 Main Street	!	City Eas	City East Hartford					Zip Code 06108					
Principal Occupation				<u> </u>		Name of Employ	/er	, <u>.</u>	СТ				
Social Work						Connecticut	Junior Republic	>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ※No	does cor			ididate for a chief executive officer of a municipality, ociated 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∈		Is contributor a principal of a sta If yes, indicate which branch of government the contract is					☐ Yes ※ No	100.00				
Method of Contribution:	Date Re	_											
Cash Personal Check XC	redit/Debit	Card	Payroll Deduction Money O		07/22/	2023	100.0	U					
Shaw .				First Keyon						MI			
Residential Street Address							City Hartford						
304 Park Terrace Apt C				пап	lora	Non- of Foods			CT	06106			
Principal Occupation Dog Breeder					ļ	Name of Employ Webster Bulli							
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐Yes ※No	Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,						Amount of Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ported in Section L1? If yes, indicate which brance					ate contractor or prospective state contractor? Yes or branches				5.00			
Method of Contribution: ☑ Cash ☐ Personal Check ☐ C	redit/Debit	Card	Payroll Deduction Money O	rder	Date Re 09/02/		Aggregate Contril 5.00		ı				
		- F	SUBTO)TA	L Sect	ion B - This	Page		<u> </u>	605.00			
			TOTAL of	add	itional	Section B F	Pages			22617.33			
TOTAL O	F ALL (RIBUTIONS FROM IND (Enter total on Line 13, Cold						****	23,222.33			

I. MONETARY RECEIPTS (Sections A - K)

Page 72 of 100

NAME OF COMMITTEE (Pro	vide Comp	lete Nam	e as Registered with Filing Repos	itory)			4.	TYPE OF	REPORT		
Lebron for Hartford OCT10											
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) SUBTOTAL SECTION A 0.00											
Last Name			B. Itemized Contrib	eutio First		m Individua	ils			Trai	
Howard	Adrian						MI				
Residential Street Address	City					State	Zip Code				
23 Center Street	Hart	Hartford					06120				
Principal Occupation		Name of Employer									
Satellite Installer Universal											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ※ No	does co		Indidate for a chief executive officer of a municipality, sociated with have a contract with said municipality Yes XNo					Amount of Contribution		
Is this contribution associated with		es	Is contributor a principal of a sta	 	rospective state contractor?			5.00			
an event reported in Section L1? If yes, list Event #	d in Section L1? VNn If yes, indicate which brai					Executive	Legislative			X No	
Method of Contribution:					Date Re		Aggregate Contr	ibutions			
Cash Personal Check	credit/Debit	Card	Payroll Deduction Money C	ırder	08/21/	/2023	5.00)			
Last Name			*****	First						MI	
Frieder					Richard						
Residential Street Address				City					State	Zip Code	
335 Cotton Hill Rd				New Hartford					СТ	06057	
Principal Occupation						Name of Employ	/er				
Is contributor a lobbylst, spouse, or dependent child of a lobbyist?	☐Yes X No	does cor	oution 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 at more than \$5,000?						Amount of Contribution		
Is this contribution associated with	Y	es	1 ' '					Yes	50.00		
an event reported in Section L1? If yes, list Event #	×Ν	0	If yes, indicate which branch of government the contract is					X No			
Method of Contribution:			Date Received Aggregate Contributions								
Cash Personal Check	redit/Debit	Card	Payroll Deduction Money C	rder	08/08/	2023	50.00				
Last Name				First						М	
Feldman				Barry							
Residential Street Address				City					State	Zip Code	
100 West Coda Circle				Delray Beach					FL	33444	
Principal Occupation				Name of Employer							
Retired						Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☑ No	does cor	outlon 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 at more than \$5,000?					Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□Ye	1	Is contributor a principal of a sta If yes, indicate which branch of government the contract is	or brai	te contractor or prospective state contractor?				100.00		
Method of Contribution:					Date Re		Aggregate Contri	- 1			
Cash Personal Check XC	redit/Debit (Card 🔲	Payroll Deduction Money O	rder	07/22/	2023	100.0	0			
			SUBTO	ATC	L Sect	lion B - This	Page			155.00	
						Section B I				23067.33	
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 13, Cold							23,222.33	

I. MONETARY RECEIPTS (Sections A - K)

of 1	00
	of 1

NAME OF COMMITTEE (Pro	vide Compl	lete Nam	e as Registered with F	iling Repos	itory)				TYPE OF	REPORT	
Lebron for Hartford									OCT10		
A. Total Contributio							Priod ONLY L SECTION A	\$			0.00
		T. C.	B. Itemized	Contrib			om Individua	ls			
Last Name Shaw					First Davi						М
Residential Street Address	<u> </u>									State	Zip Code
Residential Street Address 73 Roosevelt Street 3rd Flo	oor Apt C	;			City Hart	tford				CT	2ip Code 06114
Principal Occupation					<u> </u>		Name of Employe	/er		1	
Dog Breeder						1	Webster Bullie				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes	does co	ibution is in excess of \$ ontributor or business h at more than \$5,000?			ed with ha		h said municipality		Amous	nt of Contribution
Is this contribution associated with		<u> </u>	Is contributor a princ			tractor or			Yes	1	
an event reported in Section L1? If yes, list Event #	_ ⊠No		If yes, indicate who	hich branch e	or brai	anches		Legislative	⊠ No		5.00
Method of Contribution:			3			Date Re		Aggregate Contri	ibutions	1	
☐ Cash ☐ Personal Check ☐ C	/redit/Debit	Card	Payroll Deduction	Money O	rder	09/03/	2023	. 5.00	,!		
Last Name					First						MI
Chico					Eldri	idge		···			
Residential Street Address					City					State	Zip Code
421 Tolland Street					East	t Hartfo	rd •			CT	06108
Principal Occupation							Name of Employe	ər ————			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes	does cor	bution is in excess of \$ outributor or business ho 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?	Ye		Is contributor a princi				prospective state	contractor?	Yes	1	40.00
If yes, list Event #	∑ No	ا د	If yes, indicate who of government the			nches	Executive	Legislative	⊠ No		10.00
Method of Contribution:				_		Date Re		Aggregate Contri	1		
Cash Personal Check C	redit/Debit (Card 🗀	Payroll Deduction	Money Or		07/08/	2023	10.00)		
Last Name Quintana					First Efrai						MI
Residential Street Address				1	City					State	Zip Code
87 Wethersfield Avenue					Hartf	ford	· · · · · · · · · · · · · · · · · · ·	*		CT	06114
Principal Occupation SSI							Name of Employe	u		_	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	TYes	does cor	bution is in excess of \$4 intributor or business he 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 #	☐ Ye. ☑ No	1	Is contributor a princi If yes, indicate who of government the	hich branch d	or bran	tractor or nches	prospective state		Yes No		5.00
Method of Contribution:			35.5			Date Red		Aggregate Contrit	butions	İ	
Cash Personal Check C	redit/Debit (Dard 🔲	Payroll Deduction	Money Or	rder	08/17/2	2023	5.00	4		
Equip Money (See See Section 1999)				SUBTO	IATC	_ Sect	ion B - This	Page			20.00
			то	TAL of	addi	tional	Section B P	ages			23202.33
TOTAL O	FALLC		RIBUTIONS FR								23,222.33

I. MONETARY RECEIPTS (Sections A - K)

Page 74 of 100

NAME OF COMMITTEE (Pro	wide Comp	ilete Nen	to as Benistered with Filing Benes	thon/				TVPE OF	DEPORT	
	Jue cyng	SIG-ING	Pas negisierou viini iling is p	llUby)				TYPE OF	REFUNI	
Lebron for Hartford								OCT10		
A. Total Contributio	Company of the second second		II Contributors-Receive			eriod ONLY L SECTION A	\$		_	0.00
(COO III CARDING IO I	II or Grand	GU///	(01)		10	**SJ				\
			B. Itemized Contrib	tir	fr	om Individur	ela:			
Last Name			Di Reimzee Condit.	First		AH III GIVIGGE	18			MI
Gibbs			!	Kwa						
Residential Street Address				City					State	Zip Code
97 Westbourne Parkway				Hart	tford				СТ	06112
Principal Occupation			***************************************	_		Name of Employ	•			
IT Analyst		T	1210010000			State Treasu			1	
Is contributor a lobbyist, spouse, or dependent child of a lobbylst?	☐ Yes X 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 h		in said municipality	's i	Amour	nt of Contribution
Is this contribution associated with an event reported in Section L1?	۱, اسا		Is contributor a principal of a sta		ntractor o			Yes		77.00
an event reported in Section L1? If yes, list Event #	_ ⊠N	10	If yes, indicate which branch of government the contract is			Executive	Legislative	X No		15.00
Method of Contribution:						Received	Aggregate Contri			
Cash	redit/Debit	Card L	Payroll Deduction Money O			3/2023	15.00)	<u></u>	
Last Name Vega			1	First Judy						MI
Residential Street Address					<u> </u>				T	A. J.
18 Harbison Avenue			1	City Hart				ļ	State CT	Zip Code 06106
Principal Occupation				<u> </u>		Name of Employ	war		<u> </u>	00100
HR						Family Care	₽:			
Is contributor a lobbyist, spouse,	□Yes		ibution is in excess of \$400 to a car			chief executive office		,	Amour	nt of Contribution
or dependent child of a lobbyist?	⊠ No		ontributor or business he/she is ass at more than \$5,000?	sociate	_	nave a contract with	, ,	ļ		
Is this contribution associated with an event reported in Section L1?	<u> </u>		Is contributor a principal of a state		ntractor o			Yes	1	- 00
If yes, list Event #	⊠ N¢	o	If yes, indicate which branch of government the contract is			Executive (Legislative	X No		5.00
Method of Contribution:					1	leceived	Aggregate Contri			
Cash Personal Check C	redit/Debit	Card L	Payroll Deduction Money O	للحج	08/17/	/2023	5.00		<u> </u>	
Last Name Wilson			1	First Elroy				-		MI
				 	/				T ,	1 ,
Residential Street Address				City Hartl	ford				State CT	Zip Code
Principal Occupation				<u> </u>		Name of Employe	adl			
,						, ,	.			
Is contributor a lobbyist, spouse,			bution is in excess of \$400 to a car					5	Amour	nt of Contribution
or dependent child of a lobbyist?	(52)		ontributor or business he/she is ass at more than \$5,000?	oclaic		ave a contract with				
Is this contribution associated with an event reported in Section L1?	Ye		Is contributor a principal of a stat					Yes	1	F 00
If yes, list Event #	X No	0	If yes, indicate which branch of government the contract is			Executive [Legislative	X No		5.00
Method of Contribution:						leceived	Aggregate Contril			
X Cash Personal Check C	redit/Debit (Card L	Payroll Deduction	rder	08/03/	/2023	5.00			
			SUBTO	ATC	L Sec	tion B - This	Page			25.00
			TOTAL of	addi	itiona	I Section B F	Pages			23197.33
TOTAL O	FALL		RIBUTIONS FROM IND (Enter total on Line 18, Colu							23,222.33

SEEC FORM 20

I. MONETARY RECEIPTS (Sections A - K)

Page	75 of	100
	3030HB 2446	4777749

110110-1-11(Iddiy 2010				Tage 1001 100
NAME OF COMMITTEE (Provide Com	olete Name as Registered w	ith Filing Repository)		TYPE OF REPORT
Lebron for Hartford				OCT10
H. Personal F	unds of the Candid	late Received this	Period <i>(Candidate C</i>	ommittee ONLY)
Date of Receipt	Method of Payment:			Amount
07/27/2023	⊠ Cash	Personal Check	Credit/Debit Card	50.00
Date of Receipt	Method of Payment:			Amount
07/27/2023	⊠ Cash	Personal Check	Credit/Debit Card	50.00

TOTAL SECTION H

III. NONMONETARY RECEIPTS (Sections M - 0)

Page	76 of	100
raue	, 001	100

NAME OF COMMITTEE (Provide Con	nplete Nam	e as Registered wit	th Filing Repos	itory)	ille die		TYPE OF I	REPORT			
Lebron for Hartford							OCT10				
			M. In-Kind	l Contribut	llons						
Name Nick Lebron											
Street Address 192 Laurel St				City Hartford				State CT	Zip Code 06105		
Type of Contributor: Committee	00/11	Aggregate Contributions Description of In-Kind Contribution 14,880.75						<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		ss he/she is as:	sociated with ha	ave a contract w	ficer of a municipality ith said municipality			r Market Value nls Contribution		
an event reported in Section I 17	Yes 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							332.61		
Name Nick Lebron											
Street Address 192 Laurel St								State CT	Zip Code 06105		
Type of Contributor: Committee	00/04	pate Received Aggregate Contributions Description of In-Kind Contribution 14,880.75									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		ss he/she is ass	sociated with ha	ave a contract w	ficer of a municipality ith said municipality			r Market Value iis Contribution		
l an event tenerled in Section I 17]Yes]No		rincipal of a sta which branch it the contract is	or branches	r prospective sta	ate contractor?	Yes No		407.12		
Name Nick Lebron											
Street Address 192 Laurel St				City Hartford				State CT	Zip Code 06105		
Type of Contributor: Committee Individual / Sole Proprietorship Othe	Date Re 07/27/		Aggregate Co 14,880.75	ntributions	Description of I	n-Kind Contribution					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		ss he/she is ass	sociated with ha	ave a contract w	ficer of a municipality rith said municipality No			r Market Value is Contribution		
an event renormed in Section (17)	Yes No		rincipal of a sta which branch t the contract is	or branches	prospective sta	ate contractor?	☐ Yes ☒ No		33.05		
			SUB	FOTAL Sec	tion M — Ti	nis Page			772.78		
			TOTAL	of addition	al Section I	M Pages			7337.95		
TOTAL OF ALL IN-KIND CONT	AIBUTIO	NS (Ente	r total on Line	23, Column A	of Summary P	Page Totals)			8,110.73		

III. NONMONETARY RECEIPTS (Sections M - 0)

_	 .	400
Page	77 of	100

NAME OF COMMITTEE (Provide Co	mplete Nam	ie as Registered wi	th Filing Repos	itory)			TYPE OF	REPORT	
Lebron for Hartford							OCT10		
			M. In-Kind	l Contribu	tions				
Name Nick Lohron									
Nick Lebron				1				1	1
Street Address 192 Laurel St				City Hartford				State CT	Zip Code 06105
Type of Contributor: Committee	Date R	eceived	Aggregate Co	<u> </u>	Description of	In Kind Contribution		C:	00103
	07/04	Aggregate Contributions Description of In-Kind Contribution 7/31/2023 14,880.75							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co								ir Market Value his Contribution
an event reported in Section L17	Yes	Is contributor a p	orincipal of a sta le which branch		r prospective sta	ate contractor?	Yes		750.76
If yes, list Event #	X]No		nt the contract is		Executive	Legislative	<u> </u>		
Name Nick Lebron									
Street Address		<u> </u>		City				State	Zip Code
192 Laurel St				Hartford	•			CT	06105
Type of Contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution Date Received 14,880.75									
Is contributor a lobbyist, spouse, Ye or dependent child of a lobbyist?	does co		ss he/she is ass	sociated with ha	ave a contract w	ificer of a municipality vith said municipality No			r Market Value ils Contribution
an event reported in Section 1.17	Yes No		orincipal of a sta e which branch of the contract is	or branches	r prospective sta	ate contractor?	Yes No	387.41	
Name Nick Lebron									
Street Address				City				State	Zip Code
192 Laurel St				Hartford				СТ	06105
Type of Contributor: Committee Committee Committe	00/04	eceived /2023	Aggregate Co 14,880.75		Description of I Meals	In-Kind Contribution			
Is contributor a lobbyist, spouse, Ye or dependent child of a lobbyist?	does co		ss he/she is ass	sociated with ha	ave a contract w	ficer of a municipality ith said municipality			r Market Value ils Contribution
an event reported in Section L17]Yes]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						353.82	
			SUBT	rotal Sect	tion M — Th	ils Page			1,491.99
			TOTAL	of addition	al Section N	I Pages			6618.74
TOTAL OF ALL IN-KIND CONT	RIBUTIO	NS (Ente	r total on Line	23, Column A	of Summary F	^y age Totals)			8,110.73

III. NONMONETARY RECEIPTS (Sections M-O)

Page 78 of 100

NAME OF COMMITTEE (Provide Comp	lete Nam	e as Registered wi	th Filing Repos	ltory)			TYPE OF	REPORT		
Lebron for Hartford							OCT10			
			M. In-Kind	Contribut	ilons	in the second second				
Name	and the same of th	A CONTRACTOR OF THE CONTRACTOR	and the second second	Will the state of	Ann Convenience of the Convenien	13 (1974) (1974) (1974) (1974)		SKI MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA MARKANIA	and the same of th	
Nick Lebron										
Street Address				City				State	Zip Code	
192 Laurel St				Hartford				CT	06105	
Type of Contributor: Committee	1	ate Received Aggregate Contributions Description of In-Kind Contribution					1			
Individual / Sole Proprietorship Other	07/01/	/2023 	14,880.75		Staff Meals					
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, as contributor or business he/she is associated with have a contract with said municipality ued at more than \$5,000?						Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1?	es .	ls contributor a p			r prospective sta	ate contractor?	Yes		187.46	
If yes, list Event #	10		e which branch It the contract is		Executive	Legislative	🔼 No			
Name		<u></u>			,					
Nick Lebron										
Street Address				City				State	Zip Code	
192 Laurel St				Hartford				СТ	06105	
Type of Contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution										
☑ Individual / Sole Proprietorship ☐ Other 07/02/2023 14,880.75 Office Supplies										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		ss he/she is ass	sociated with ha	ave a contract w	ficer of a municipality ith said municipality No			r Market Value his Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #			rincipal of a sta e which branch of the contract is	or branches	r prospective sta	nte contractor?	Yes No		551.79	
Name		or government	(the borning	· Witti	LACOUNTS	П годочито				
Nick Lebron										
Street Address				City				State	Zip Code	
192 Laurel St				Hartford	···			СТ	06105	
Type of Contributor: Committee	Date Re		Aggregate Co	ntributions	Description of	In-Kind Contribution				
Individual / Sole Proprietorship Other	07/28/	2023	14,880.75							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		ss he/she is ass	sociated with ha	ave a contract w	ficer of a municipalit rith said municipality No			r Market Value ils 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		919.94	
			SUB	FOTAL Sec	tion M — Th	nis Page			1,659.19	
			TOTAL	of addition	al Section I	M Pages			6451.54	
TOTAL OF ALL IN-KIND CONTR	BUTIO	NS (Ente	r total on Line	23, Column A	of Summary F	age Totals)			8,110.73	

III. NONMONETARY RECEIPTS (Sections M-O)

Page 79 of 100

NAME OF COMMITTEE (Provide)	Comple	ete Name	e as Registered wi	th Filing Repos	illony)			TYPE OF	REPORT	
Lebron for Hartford	-	<u> </u>						OCT10		
				M. In-Kind	l Contribul	tions				
Name Nick Lebron										
Street Address 192 Laurel St					_{City} Hartford				State CT	Zip Code 06105
Type of Contributor: Committee	- 1	Date Re 09/30/		Aggregate Co		Description of I	In-Kind Contribution			
	JYes	does cor		ss he/she is as:	sociated with ha	ave a contract w	ficer of a municipalit vith said municipality] No			ir Market Value nis Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Ye.			orincipal of a sta le which branch of the contract is	or branches	r prospective sta	ale contractor?	Yes		273.70
Name Nick Lebron										
Street Address 192 Laurel St					City Hartford				State CT	Zip Code 06105
Type of Contributor: Committee Individual / Sole Proprietorship		Date Re 09/08/		Aggregate Co 14,880.75		Description of I	In-Kind Contribution			
	IYes	does cor		ss he/she is ass	sociated with ha	ave a contract w	ficer of a municipality ith said municipality No			r Market Value nis Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Ye:	,		orincipal of a sta or which branch of the contract is	or branches	r prospective sta	ate contractor?	Yes 🖄 No	2,174.82	
Name Nick Lebron										
Street Address 192 Laurel St					City Hartford				State CT	Zip Code 06105
Type of Contributor: Committee Individual / Sole Proprietorship		Date Re 09/18/2		Aggregate Co 14,880.75	intributions	Description of I	In-Kind Contribution			
	Yes c	does con		ss he/she is ass	sociated with ha	ave a contract w	ficer of a municipality ith said municipality No			r Market Value ils Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes			rincipal of a sta which branch t the contract is	or branches	r prospective sta	ite contractor?	Yes 🔀 No		621.96
				SUBT	FOTAL Sec	tion M — Th	iis Page			3,070.48
				TOTAL	of addition	al Section N	/ Pages			5040.25
TOTAL OF ALL IN-KIND CON	NTRIE	BUTIO	NS <i>(Ente</i>	r total on Line	23, Column A	l of Summary P	age Totals)			8,110.73

III. NONMONETARY RECEIPTS (Sections M - 0)

Page 80 of 100

NAME OF COMMITTEE (Provide C	Comple	te Name	as Flegistered wit	ih Filing Repos	ltory)			TYPE OF	REPORT			
Lebron for Hartford OC								OCT10		·		
				M. In-Kind	Contribu	llons		W. The				
Name Davida Davidson												
Street Address 63 Wilson St					City Hartford				State CT	Zip Code 06106		
Type of Contributor: Committee	- 1	Date Re 08/12/		Aggregate Co	ntributions	ntributions Description of In-Kind Contribution						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	res c	does cor	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 used at more than \$5,000?							Fair Market Value of this Contribution		
an event reported in Section I 17	☐ Yes ※ 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							118.91		
Name Nick Lebron												
Street Address 192 Laurel St	,								State CT	Zip Code 06105		
Type of Contributor: Committee	09/27/2023											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	res (c	does cor		ss he/she is ass	sociated with he	ave a contract w	ficer of a municipalit with said municipality No		Fair Market Value of this Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes			rincipal of a sta which branch t the contract is	or branches	prospective sta	ate contractor?	Yes		433.66		
Name Ari Cruz												
Street Address 51 Alps Drive					City East Hartfo	rd			State CT	Zip Code 06108		
Type of Contributor: Committee Individual / Sole Proprietorship		Date Re 07/26/2		Aggregate Co 203.76	ntributions	Description of Office Supp	n-Kind Contribution lies					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	res c	does cor		ss he/she is ass	sociated with ha	ave a contract w	ficer of a municipalit rith said municipality No			r Market Value is Contribution		
Lan event reported in Section 1.17	☐ Yes X No	- 1	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:					Yes No		20.53		
				SUBT	TOTAL Sec	tion M — Tí	nis Page			573.10		
				TOTAL	of addition	al Section I	M Pages			7537.63		
TOTAL OF ALL IN-KIND CON	ITRIE	BUTIO	NS (Ente	r total on Line	23, Column A	of Summary F	lage Totals)			8,110.73		

III. NONMONETARY RECEIPTS (Sections M — 0)

Page 81 of 100

NAME OF COMMITTEE (Provide Compl	lete Name as Registered wit	th Filing Repos	itory)			TYPE OF I	REPORT	
Lebron for Hartford						OCT10		
		M. In-Kind	d Contribut	tions				
Name		1700000	Table and James and San San San San San San San San San San		California de la Califo			
Nick Lebron				·				
Street Address			City				State	Zip Code
192 Laurel St			Hartford				СТ	06105
Type of Contributor: Committee	Date Received	Aggregate Co		Description of In-	-Kind Contribution			
Individual / Sole Proprietorship Other	08/26/2023	14,880.75		ĺ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess does contributor or busines valued at more than \$5,000	iss he/she is as	sociated with ha		in said municipality	<i>t</i> ,		ir Market Value his Contribution
Is this contribution associated with an event reported in Section L1?				r prospective state	e contractor?	Yes		93.56
If yes, list Event #	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	e which branch of the contract is		Executive	Legislative	⊠ No		
Name	<u> </u>			***************************************				
Nick Lebron								
Street Address			City				State	Zip Code
192 Laurel St		ļ	Hartford			!	CT	06105
Type of Contributor: Committee	Date Received	Aggregate Co	ntributions	Description of In-	-Kind Contribution			<u> </u>
Individual / Sole Proprietorship Other	08/07/2023	14,880.75		Candidate Pa	aid for Meals/Ba	atteries/Pl	noto Mar	rketing
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is ass	sociated with ha		h said municipality			ir Market Value nis Contribution
Is this contribution associated with		•	ate contractor or	r prospective state		Yes		170.48
an event reported in Section L1? If yes, list Event #	lo If yes, indicate	e which branch at the contract is		Executive [Legislative	⊠ No		1,
Name							- """	
Walmart			1					·
Street Address			City				State	Zip Code
420 Buckland Hills Drive		·	Manchester				СТ	06042
Type of Contributor: Committee	Date Received	Aggregate Co	ntributions	Description of In-	-Kind Contribution			
Individual / Sole Proprietorship X Other	07/26/2023	20.53						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of does contributor or busines valued at more than \$5,000	ss he/she is ass	sociated with ha		h said municipality			r Market Value ils Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	lo If yes, indicate	rincipal of a sta e which branch at the contract is	or branches	prospective state Executive	e contractor?	Yes		20.53
		SUBT	FOTAL Sect	tion M — This	s Page			284.57
		TOTAL	of addition	al Section M	Pages			7826.16
TOTAL OF ALL IN-KIND CONTRI	BUTIONS (Ente	ir total on Line	23, Column A	of Summary Pag	ge Totals)			8,110.73

III. NONMONETARY RECEIPTS (Sections M — 0)

Page 82 of 100

NAME OF COMMITTEE (Provide Comp.	lete Name as Registered w	ith Filing Repos	itory)		TYPE OF	REPORT	-9
Lebron for Hartford			STATE OF THE PROPERTY OF THE P		OCT10		
		M. In-Kind	A - A - II				
		M. In-Kine	Contribu	lions			
Name Nick Lebron							
Street Address			City			State	Zip Code
192 Laurel St			Hartford			СТ	06105
Type of Contributor: Committee	Date Received	Aggregate Co	ntributions	Description of In-Kind Contribution		<u> </u>	<u></u>
Individual / Sole Proprietorship Other	07/02/2023	14,880.75		Fundraising Event Supplies	3		
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? Fair Market Value of this Contribution							
ts this contribution associated with an event reported in Section L1?	If yes, indicate	orincipal of a sta le which branch at the contract is	or branches	r prospective state contractor?	Yes No		148.31
Name							
Nick Lebron							i
Street Address			City			State	Zip Code
192 Laurel St			Hartford			СТ	06105
Type of Contributor: Committee	Date Received	Aggregate Co	ntributions	Description of In-Kind Contribution			
Individual / Sole Proprietorship Other	07/02/2023	14,880.75		Staff Meals			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?							
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indicate	orincipal of a sta e which branch at the contract is	or branches	r prospective state contractor?	Yes No		110.31

258.62	SUBTOTAL Section M — This Page
7852.11	TOTAL of additional Section M Pages
8,110.73	TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)

Revised January 2015		•т			.4.	Page 83 of 100	
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	isitory)		TYPE OF	REPOR	T	
Lebron for Hartford				OCT10			
Name of Payee	P. Expenses	Paid by Committe	Date of Payment:		Method of	Payment	
MailChimp			07/31/2023		Check	< #	
Street Address 675 Ponce De Leon A	Avenue Northeast Suite 5000	City Atlanta			State GA	Zip Code 30308	
Purpose of Expenditure	Descriptions		Event #			Amount	
(by code) A-OTH	email marketing	}		1			
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					39.65	
Name of Payee			Date of Payment:		Method of Payment Check #		
New Way Forward Str	ategies		08/08/2023		Debit C		
Street Address 5255 Stevens Creek E	3oulevard Suite #358	City Santa Clara		_	State CA	Zip Code 95051	
Purpose of Expenditure (by code) CNSLT	Descriptions Campaign Consultant		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						1,200.00	
Name of Payee			Date of Payment:		Method of F		
Name of Payee New Way Forward Str	ategies		Date of Payment: 09/06/2023		Method of F Check Debit C	. #	
-		City Santa Clara			X Check	. #	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure		City Santa Clara			Check Debit C	#EFT Zip Code	
New Way Forward Str Street Address 5255 Stevens Creek E	Boulevard Suite #358	City Santa Clara	09/06/2023		Check Debit C	card EFT Zip Code 95051	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure (by code)	Boulevard Suite #358 Descriptions	City Santa Clara uired unless "None of the	09/06/2023 Event #		Check Debit C	card DEFT Zip Code 95051	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	Boulevard Suite #358 Descriptions Campaign Consultant Type of Expenditure (Itemization in Addendum P Require) None of the below	City Santa Clara uired unless "None of the	09/06/2023 Event # s below" is checked) pendent nization: oA oB oC	oD	⊠ Check □Debit C State CA	Zip Code 95051 Amount	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure (by code) CNSLT Expenditure #	Descriptions Campaign Consultant Type of Expenditure (Itemization in Addendum P Requirence of the below Coordinated with reimbursement sought (joint expendit	City Santa Clara uired unless "None of the	09/06/2023 Event # e below" is checked)	oD	Check Debit C	Zip Code 95051 Amount 455.25	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	Descriptions Campaign Consultant Type of Expenditure (Itemization in Addendum P Require) None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	City Santa Clara uired unless "None of the	Event # e below" is checked) pendent nization: oA oB oC Date of Payment:	oD	□ Debit C State	Zip Code 95051 Amount 455.25	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Shenice Morris Street Address	Descriptions Campaign Consultant Type of Expenditure (Itemization in Addendum P Require) None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	City Santa Clara uired unless "None of the liture)	Event # e below" is checked) pendent nization: oA oB oC Date of Payment:	oD	Check Debit C State CA Method of F Check Debit C	Zip Code 95051 Amount 455.25 Payment #	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure (by code) CNSLT Expenditure # (If applicable) Name of Payee Shenice Morris Street Address 63 Huntington St 3e Purpose of Expenditure (by code) WAGE	Descriptions Campaign Consultant Type of Expenditure (Itemization in Addendum P Requirence of the below Coordinated with reimbursement sought (joint expendirence) Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	City Santa Clara uired unless "None of the liture)	Event # Debelow" is checked) Deendent Inization: oA oB oC Date of Payment: 07/01/2023	oD	Method of F Check CA Method of F Check Debit C	Zip Code 95051 Amount 455.25 Payment #_144 Zip Code 06105	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Shenice Morris Street Address 63 Huntington St 3e Purpose of Expenditure (by code) WAGE Expenditure #	Descriptions Campaign Consultant Type of Expenditure (Itemization in Addendum P Requirence 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 with reimbursement sought (joint expending Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbu	City Santa Clara uired unless "None of the liture)	Event # Deblow" is checked) Determinization: oA oB oC Date of Payment: 07/01/2023 Event #	oD	Method of F Check CA Method of F Check Debit C	Zip Code 95051 Amount 455.25 Payment #_144 Pard DEFT Zip Code 06105 Amount	
New Way Forward Str Street Address 5255 Stevens Creek E Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Shenice Morris Street Address 63 Huntington St 3e Purpose of Expenditure (by code) WAGE Expenditure #	Descriptions Campaign Consultant Type of Expenditure (Itemization in Addendum P Requirence 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 with reimbursement sought (in-kind coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement	City Santa Clara uired unless "None of the liture)	Event # Phelow" is checked) pendent nization: oA oB oC Date of Payment: 07/01/2023 Event # Phelow" is checked) pendent nization: oA oB oC This Page	oD	Method of F Check CA Method of F Check Debit C	Zip Code 95051 Amount 455.25 Payment #_144 Zip Code 06105 Amount 713.00	

SEEC FORM 20 Revised Jahuary 2015	IV. EXPI	ENDITURES	(Sec	tions P - T)		,	Page 84 of
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Ro	epository)	110 To 140		TYPEC	F REPOR	
Lebron for Hartford					OCT10)	
	P. Expense	es Paid by Comn	nittee				
Name of Payee Shenice Morris				Date of Payment: 08/04/2023		Method of Check	k #_159
Street Address 63 Huntington St 3e		City Hartford				State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Bi-Weekly wages		Eve	nt#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P F. None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kin-kin-kin-kin-kin-kin-kin-kin-kin-k	enditure)	Independ	ŕ	oD		735.00
Name of Payee Anedot				Date of Payment: 07/22/2023		Method of Check	k#Card DEFT
Street Address 1340 Poydras Street		City New Orleans				State LA	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 F None of the below Coordinated with reimbursement sought (joint expe	enditure)	Independ	•	oD		2.30
Name of Payee	3			Date of Payment:	-	Method of	
Anedot				08/03/2023		Check	
Street Address 1340 Poydras Street		City New Orleans				State LA	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 R None of the below Coordinated with reimbursement sought (joint expe	enditure)	Independ	,	αD		20.30
Name of Payee Anedot	- Constitute without to institute to digit (ii) into	<u> </u>	Organii Za	Date of Payment: 08/01/2023		Method of Check	(#
Street Address 1340 Poydras Street		City New Orleans			,,,,,,	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Eve	nt#			Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure (Itemization in Addendum P R None of the below Coordinated with reimbursement sought (joint expe	enditure)	Independ	ŕ	oD		16.90
		UBTOTAL Section	of Sales		******		774
	TOI	TAL of additional S	ection	P Pages			20633
		EXPENSES PAID E					21,40

Revised January 2016	· · · · · · · · · · · · · · · · · · ·	.4.			_	'Page 85 of 100
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE O	F REPORT	
Lebron for Hartford				OCT10)	
	P. Expenses	Paid by Committe	A CONTRACTOR OF THE CONTRACTOR			
Name of Payee			Date of Payment:		Method of F	
Grandma's Hands		·	07/06/2023		Debit C	
Street Address		City			State	Zip Code
206 Collins Street Uni	it 305	Hartford			CT	06105
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
A-SIGN		!		!		
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	fiture) 🔲 Indep	ependent anization: oA oB oC			200.00
Name of Payee			Date of Payment:		Method of F	
Home Depot			07/08/2023		Debit C	
Street Address		City			State	Zip Code
1873 Dixwell Avenue		Hamden			CT	06514
Purpose of Expenditure (by code) OFFICE	Descriptions		Event #			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 coint)	liture) 🔲 Indep	e below" is checked) ependent anization: oA oB oC	aD.		20.69
Name of Payee	Guordinated William Common Com	Illinoution,	Date of Payment:		Method of P	
Anedot		•	07/12/2023		Check	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees		ı		İ	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	iture) 🔲 Indep	pendent	1		15.20
Name of Payee	Coordinated without reimbursement sought (ar-wild con	ntribution) 🔲 Organ	Date of Payment:		Method of P	²ayment
Home Depot			07/12/2023		Check #	#
Street Address 111 Universal Drive	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	City North Haven			State CT	Zip Code 06473
Purpose of Expenditure (by code) OFFICE	Descriptions		Event #		•	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requined None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind corrections)	iture) 🔲 Indep	•	oD		12.67
	SUB'	TOTAL Section P -	- This Page			248.56
		of additional Section				21158.97
	TOTAL OF ALL EXP	PENSES PAID BY G				21,407.53

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sitory)			TYPEO	FREPOR	Page 3501 100
Lebron for Hartford					OCT10)	
	P. Expenses	Pald by Committe	ee				
Name of Payee				Date of Payment:		Method of Check	
Anedot				07/30/2023		X Debit C	ard EFT
Street Address 1340 Poydras Street		City				State	Zip Code
Purpose of Expenditure	Descriptions	New Orleans	le	U		LA	70112 Amount
(by code) BNK	Descriptions Anedot Fees		Ever	11 # 			Amount
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 or	iture) 🔲 Inde	epend	·	oD		28.60
Name of Payee				Date of Payment:		Method of	
Lamar Advertising				08/10/2023		☐ Check ☐Debit C	
Street Address 32 Midland Road		City Windsor Locks			į	State CT	Zip Code 06096
Purpose of Expenditure (by code) A-SIGN	Descriptions		Ever	nt#			Amount
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) 🔲 Inde	epend	·	οD		1,500.00
Name of Payee				Date of Payment:		Method of I	
Anedot				08/05/2023		Debit C	
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Even	nt#	•		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expended 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 so	iture) 🔲 Inde	epende	,	oD		8.60
Name of Payee			- 1	Date of Payment:		Method of F	
Walmart				07/20/2023		Debit C	
Street Address 2300 Dixwell Avenue		City Hamden				State CT	Zip Code 06514
Purpose of Expenditure (by code) OFFICE	Descriptions Office Supplies		Even	ut#			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	epende	ŕ	oD		67.78
	SUB	ITOTAL Section P	— TI	nis Page			1,604.98
	TOTAL	L of additional Sect	lion	P Pages			19802.55
		PENSES PAID BY (2012/05/05	ACCESS OF THE SECOND			21,407.53

Hevised January 2015		-7	- V'	and the second s	The second secon	Page '87 of 100
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE OF	F REPORT	ŗ.
Lebron for Hartford				OCT10		
	P. Expenses	Paid by Committe		100		
Name of Payee			Date of Payment:		Method of I	•
Anedot			07/20/2023		⊠Debit C	
Street Address		City			State	Zip Code
1340 Poydras Street		New Orleans			LA	70112
Purpose of Expenditure (by code)	Descriptions	ſ	Event #			Amount
BNK	Anedot Fees					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	below" is checked)		' 	27.90
(н аррисаы ь)	None of the below Coordinated with reimbursement sought (joint expendi	diture) 🔲 Indep	pendent			•
	Coordinated with reimbursement sought (in-kind co		pendent inization: oA oB oC	oD		
Name of Payee			Date of Payment:		Method of F	
Candice Dormon			08/04/2023		Debit C	
Street Address		City			State	Zip Code
26 Roydon Road	,	New Haven			CT	06511
Purpose of Expenditure (by code)	Descriptions	<u>'</u>	Event #			Amount
(by code) WAGE	wage					
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	below" is checked)		•	1,500.00
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expendi	· · · = ·	pendent inization: oA oB oC	αD		
Name of Payee	O O O O O O O O O O O O O O O O O O O	THE ISSUED OF THE STATE OF THE	Date of Payment:		Method of F	
Prospect Pizza			07/25/2023		Check Debit C	
Street Address 38 Kane Street		City			State	Zip Code
		Hartford			СТ	06106
(by code)	Descriptions	1	Event #			Amount
FOOD						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ	ired unless "None of the	below" is checked)			96.91
	None of the below Coordinated with reimbursement sought (joint expendit	liture) Indep	pendent			
	Coordinated without reimbursement sought (in-kind co		nization: oA oB oC			
Name of Payee	·		Date of Payment:		Method of P	
Lamar Advertising		<u>:</u>	09/20/2023	i i	Debit Ca	
Street Address		City			State	Zip Code
32 Midland Road		Windsor Locks			CT	06096
Purpose of Expenditure (by code)	Descriptions	E	Event #			Amount
A-SIGN						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	ired unless "None of the	below" is checked)		1	,860.00
(Іі арріісаьіс)	None of the below Coordinated with reimbursement sought (joint expendit	············ Indec	pendent			
	Coordinated with reimbursement sought (joint expendit		oendent nization: oA oB oC	oD		
		BTOTAL Section P —				3,484.81
	TOTAL	L of additional Section	on P Pages	****		17922.72
		PENSES PAID BY CO				21,407.53

Revised January 2015					· .	Page Poof 100
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sttorý)		TYPEO	F REPORT	
Lebron for Hartford				OCT10)	
	P. Expenses	Paid by Committe	20			
Name of Payee Feed the Sol			Date of Payment: 07/06/2023		Method of F X Check Debit C	#_149
Street Address P.O. Box 320017		City Hartford			State	Zip Code 06132
Purpose of Expenditure (by code) MISC	Descriptions		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 Organization: oA oB oC oD					70.00
Name of Payee			Date of Payment:		Method of F	
Anedot		-	07/10/2023		Check	
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 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						30.30
Name of Payee		<u> </u>	Date of Payment:		Method of F	ayment
NWF Strategies			08/18/2023		Check	
Street Address 5255 Stevens Creek E	3oulevard Suite #358	City Santa Clara			State CA	Zip Code 95051
Purpose of Expenditure (by code) CNSLT	Descriptions		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) 🔲 Indep	e below" is checked) pendent unization: oA oB oC	oD	1	1,200.00
Name of Payee			Date of Payment:		Method of P	
T Mobile		·•	08/29/2023		Debit Ca	
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) OVHD	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	liture) 🔲 Indep	pendent	oD_		55.00
	SUE	BTOTAL Section P -	– This Page			1,355.30
	TOTAL	L of additional Secti	ion P Pages			20052.23
		PENSES PAID BY C				21,407.53

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sitony)			TYPE O	F REPOR	Fage 0001 100
Lebron for Hartford					OCT10		
	P, Expenses	Paid by Committ	tee				
Name of Payee				Date of Payment:		Method of	
Howard Fair				07/06/2023		Check	_
Street Address		City				State	Zip Code
896 Asylum Avenue		Hartford				СТ	06105
Purpose of Expenditure	Descriptions	<u> </u>	Event	#		! 	Amount
(by code) WAGE	Canvasser						
Expenditure #	Type of Expenditure (Itemization in Addendum P Req	uired unless "None of th	he beloi	w" is checked)		}	68.45
(if applicable)	None of the below			,			00.45
	Coordinated with reimbursement sought (joint expend		lepende		_		
Name of Payee	Coordinated without reimbursement sought (in-kind co	ontribution)		on: oA oB oC Date of Payment:	oD	Method of	Pavment
Isis Wylie				07/17/2023		Check	#
						⊠ Debit C	ard EFT
Street Address 75 Main Street		City				State	Zip Code
		Hartford	1			СТ	06106
Purpose of Expenditure (by code)	Descriptions		Event	#			Amount
WAGE	Canvasser						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Reg	uired unless "None of th	he beloi	w" is checked)			67.30
, , ,	None of the below Coordinated with reimbursement sought (joint expend	iture) 🔲 Inde	lepender	nt			
	Coordinated without reimbursement sought (in-kind co	_	•	n: oA oB oC	οD		
Name of Payee				ate of Payment:		Method of I	
Anedot			(08/11/2023		☑ 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	iired unless "None of th	he belov	v" is checked)			14.70
(if applicable)	None of the below						
	Coordinated with reimbursement sought (joint expend		epender anizatio	n:oA oB oC	оD		
Name of Payee		<u> </u>		ate of Payment:		Method of F	
Als Pizza and Deli LLC			C	8/04/2023		Check	
Street Address		City				State	Zip Code
427 Main Street		Hartford	•			CT	06103
Purpose of Expenditure	Descriptions		Event :	#			Amount
(by code) FOOD	Staff Meals						
···	Type of Expenditure (Itemization in Addendum P Requ	iired unless "None of the	ne belou	v" is checked)			19.52
(if applicable)	None of the below	_					10.02
	Coordinated with reimbursement sought (joint expendi	·	•		_		
	Coordinated without reimbursement sought (in-kind co			n:oA oB oC	סט	<u>.</u>	
	SUB	TOTAL Section P	– Thi	s Page			169.97
		of additional Sect					21237.56
	TOTAL OF ALL EX	PENSES PAID BY (21,407.53

Page	90 of	100

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)		TYPEO	F REPORT	Page 30 of 100
Lebron for Hartford				OCT10)	
	P. Expenses	Paid by Committee	10 miles		and the second	
Name of Payee Anedot			Date of Payment:		Method of I	
		1	07/16/2023		⊠ Debit C	
Street Address 1340 Poydras Street		City New Orleans		İ	State LA	Zip Code 70112
Purpose of Expenditure	Descriptions	<u> </u>	Event #		LA	Amount
(by code) BNK	Anedot Fees					· ···
(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) 🔲 Indepe	below" is checked) pendent nization: oA oB oC	oD		20.20
Name of Payee			Date of Payment:		Method of I	
Shenice Morris			07/20/2023		Debit C	
Street Address 63 Huntington St 3e		City Hartford			State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Bi-Weekly wages	E	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						865.00
Name of Payee			Date of Payment:		Method of F	
Als Pizza and Deli LLC	>		07/29/2023		Debit C	
Street Address 427 Main Street		City Hartford			State CT	Zip Code 06103
Purpose of Expenditure (by code) FOOD	Descriptions Staff Meals	E	Event #			Amount
(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) 🔲 Indepe	below" is checked) endent nization: oA oB oC	oD		27.88
Name of Payee			Date of Payment:		Method of F	
Leticia Reyes			07/08/2023		Debit C	
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) WAGE	Descriptions Canvasser	E	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expenditement Sought (in-kind control of the below)	iture) 🔲 Indepe	•	σD		105.00
	SUB	BTOTAL Section P —	This Page		·	1,018.08
	TOTAL	L of additional Section	in P Pages			20389.45
		PENSES PAID BY CO				21,407.53

Revised January 2015	est i		a oper		· · T ·	Page 91 of 100
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Repo	isitory)		TYPE O	F REPOR	T
Lebron for Hartford				OCT10)	
	P. Expenses	Paid by Committe				
Name of Payee			Date of Payment:		Method of Check	
Peppercorns Grill			09/22/2023		☑ Debit C	
Street Address		City			State	Zip Code
357 Main Street		Hartford			СТ	06106
Purpose of Expenditure (by code) FOOD	Descriptions		Event #			Amount
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 coordinated without	diture) Inde	e below" is checked) ependent anization: oA oB oC	ďα		53.09
Name of Payee			Date of Payment:		Method of	
Anedot			07/24/2023		Debit C	
Street Address		City		1	State	Zip Code
1340 Poydras Street		New Orleans		ļ	LA	70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event #			Amount
Expenditure # (if applicable)						
Name of Payee			Date of Payment:		Method of I	
Anedot 08/15/2023				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 Requint None of the below Coordinated with reimbursement sought (joint expendint Coordinated without reimbursement sought (in-kind co	liture) 🔲 Indep	ŕ	oD		20.60
Name of Payee			Date of Payment:		Method of F	•
Zoom Video Commun	ications, Inc		07/26/2023		Debit C	
Street Address 55 Almaden Boulevar	d 6th Floor	City San Jose			State CA	Zip Code 95113
Purpose of Expenditure (by code) A-SIGN	Descriptions		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					22.06
	SUB	BTOTAL Section P -	– This Page			104.35
	TOTAL	L of additional Secti	ion P Pages			21303.18
		PENSES PAID BY C				21,407.53

Page	92 of	100
*****		_

Revised January 2015	ere e	***			·· •		Page 92 of	100		
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)			TYPEO	F REPOR	T			
Lebron for Hartford					OCT10)				
	P. Expenses	Paid by Committe	ee				\$3000 (messes)			
Name of Payee				Date of Payment:						
Anedot				07/26/2023		X Debit (Card EFT			
Street Address		City				State	Zip Code			
1340 Poydras Street		New Orleans				LA	70112			
Purpose of Expenditure	Descriptions		Ever	nt#			Amount			
(by code) BNK	Anedot Fees		ļ							
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e bel	low" is checked)			2 20	ļ		
(if applicable)	(if applicable) None of the below						2.00			
	Coordinated with reimbursement sought (joint expenditure)									
N (D	Coordinated without reimbursement sought (in-kind co	ontribution)		tion: oA oB oC	oD .					
Name of Payee			1	Date of Payment:			Method of Payment Check # State Zip Code LA 70112 Amount 2.30 Method of Payment Check # Debit Card EFT State Zip Code LA 70112 Amount 16.13 Method of Payment Check # Debit Card EFT State Zip Code LA 70112 Amount 23.90 Method of Payment Check # Zip Code LA 70112 Amount Method of Payment Check # Zip Code LA 70112 Amount Method of Payment Check # Zip Code LA 70112 Amount Method of Payment Check # Zip Code LA 70112 Amount			
Anedot				07/02/2023		▼ Debit C	Dard EFT			
Street Address		City				State				
1340 Poydras Street		New Orleans				LA	70112			
Purpose of Expenditure	Descriptions		Ever	nt #			Amount	\dashv		
(by code)	Anedot Fees									
BNK										
Expenditure # (if applicable)							16.13			
	Coordinated with reimbursement sought (joint expending	iture) 🔲 Inde	epend	lent						
Coordinated without reimbursement sought (in-kind contribution) Organization: oA oB oC oD						_				
Name of Payee				Date of Payment:						
Anedot				08/17/2023		=				
Street Address		City				State	Zip Code			
1340 Poydras Street	•	New Orleans				LA	70112	ļ		
Purpose of Expenditure (by code)	Descriptions		Ever	nt#			Amount	\neg		
BNK	Anedot Fees									
	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	e bek	ow" is checked)			22.00			
(if applicable)	None of the below			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23.80			
	Coordinated with reimbursement sought (joint expendi		epende	lent				1		
	Coordinated without reimbursement sought (in-kind co	ontribution)		tion: oA oB oC	oD					
Name of Payee			- 1	Date of Payment:						
Candice Dormon				07/07/2023		⊠ Debit C	ard EFT			
Street Address		City				State	Zip Code			
26 Roydon Road		New Haven				СТ	06511	Ì		
Purpose of Expenditure	Descriptions	<u> </u>	Even	nt #			Amount			
(by code) WAGE	wage									
	// // // // // // // // // // // // //	ind colon (Man - of the	- 6-06					İ		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	iirea uniess "None of the	9 Dero	ow" is cnecked)			2,500.00	Į		
	Coordinated with reimbursement sought (joint expendi	ture) 🔲 Inde	pend	ent						
	Coordinated without reimbursement sought (in-kind co		anizati	ion: oA oB oC	οĐ					
	SUB	TOTAL Section P -	– TI	his Page			2,542.	.33		
	TOTAL	of additional Sect	lion	P Pages			18865	.20		
	TOTAL OF ALL EX	PENSES PAID BY (21,407	⁷ .53		

Revised January 2015				··•			Page 93 of 100
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing Repos	sitory)			TYPEO	F REPORT	r
Lebron for Hartford					OCT10	 !	***************************************
	P. Expenses	Paid by Committe			li .		
Name of Payee			- 1	Date of Payment:		Method of I	
Anedot			1	07/04/2023		Debit C	
Street Address		City				State	Zip Code
1340 Poydras Street		New Orleans		·		LA	70112
Purpose of Expenditure (by code)	Descriptions	,	Event	it#			Amount
BNK	Anedot Fees	, , , , , , , , , , , , , , , , , , ,					
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	diture) Inde	depende ganizati	ent ion: oA oB oC		,	7.90
Name of Payee			ĺ	Date of Payment:		Method of F	
Candice Dormon			ĺ	09/19/2023		☐ Check	
Street Address		City				State	Zip Code
26 Roydon Road	'	New Haven				CT	06511
Purpose of Expenditure (by code) WAGE	Descriptions Wage		Event	t #			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					_	• 	1,500.00
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) Urga		on: oA oB oC Date of Payment:		Method of F	
Ari Cruz				08/04/2023		X Check ☐Debit C	# <u>161</u>
Street Address 51 Alps Drive		City East Hartford				State CT	Zip Code 06108
Purpose of Expenditure	Descriptions		Event	t #		M	Amount
(by code) WAGE	Staff Wage						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expenditure)	iture) 🔲 Inde	lepende	ent			72.00
Name of Payee	Coordinated without reimbursement sought (in-kind co	atribution) 🗀 🗸 🖂		on: oA oB oC Date of Payment:		Method of P	Pavment
Anedot				08/21/2023		Check	#
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 expendit Coordinated without reimbursement sought (in-kind cor	iture) 🔲 Indep	ependei	ŕ	oD		1.30
	SUB'	ITOTAL Section P -	— Thi	is Page			1,581.20
		_ of additional Secti					19826.33
	TOTAL OF ALL EXP	PENSES PAID BY C					21,407.53

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)			TYPE O	F REPORT	Page 34or 100
Lebron for Hartford					OCT10)	
	P. Expenses	Paid by Commi	ittee				
Name of Payee				Date of Payment:		Method of F	
Anedot				09/20/2023		⊠Debit C	
Street Address 1340 Poydras Street		City	***************************************			State	Zip Code
Purpose of Expenditure		New Orleans	T _{5,4}		-	LA	70112
(by code) BNK	Descriptions Anedot Fees		Eve	ent #			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) 🔲 In	Independ	•	οD		0.70
Name of Payee		11110-1111	18	Date of Payment:	<u>. </u>	Method of F	
Subway				07/15/2023		Check	
Street Address 471 Farmington Avenu		City Hartford		_		State CT	Zip Code 06105
Purpose of Expenditure (by code) FOOD	Descriptions		Eve	ent #			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					οD		7.04
Name of Payee				Date of Payment:		Method of P	
Anedot				08/09/2023		Check	
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Eve	int#			Amount
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum P Requint None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated with reimbursement sought (in-kind control of the coordinated with reimbursement sought (in-kind control of the coordinated with reimbursement sought (in-kind control of the coordinated with reimbursement sought (in-kind control of the coordinated with reimbursement sought (in-kind control of the coordinated with reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sought (in-kind control of the coordinated with out reimbursement sou	iture) 🔲 In	ndepend	,	oD		2.30
Name of Payee				Date of Payment:		Method of P	
Carlos M. Rivera Marti	inez			08/29/2023		☑ Check	
Street Address 190 Burnside Avenue		City East Hartford				State CT	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions		Ever	ent#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requi	iture) 🔲 In	ndepend	,	oD		300.00
	SUB	TOTAL Section F	P — T	ihis Page			310.04
		L of additional Se					21097.49
	TOTAL OF ALL EXP	PENSES PAID BY		Control of the Contro			21,407.53

Revised January 2015		. sager	. 29			Page 95 of 100
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repo	sitary)		TYPE OF	REPOR	Т
Lebron for Hartford		- 97		OCT10		
	P. Expenses	Paid by Committe	A CONTRACTOR OF THE CONTRACTOR			
Name of Payee			Date of Payment:		Method of I	
Leticia Reyes		07/17/2023			Debit C	
Street Address		City			State	Zip Code
Purpose of Expenditure	Descriptions		Event #			Amount
(by code) WAGE	Canvasser					
Expenditure # (If applicable)	Type of Expenditure (Itemization In Addendum P Req None of the below Coordinated with reimbursement sought (joint expend	diture) 🔲 Indep	below" is checked) pendent nization: oA oB oC	oD		37.30
Name of Payee		·	Date of Payment:		Method of I	
Anedot			08/19/2023		☐ Check ☑Debit C	
Street Address 1340 Poydras Street		City New Orleans	•		State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Event # Anedot Fees					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						0.70
Name of Payee			Date of Payment:		Method of F	
Hot Off The Press Pri	nter		07/31/2023	_	☐ Check ☐Debit C	
Street Address 23 Euclid Street West		City Hartford			State CT	Zip Code 06112
Purpose of Expenditure (by code) A-SIGN	Descriptions	E	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	iture) 🔲 Indep	-	αD		294.00
Name of Payee			Date of Payment:		Method of F	
Shenice Morris			07/06/2023	1	Debit C	
Street Address 63 Huntington St 3e		City Hartford		S	State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Bi-Weekly wages		Event #			Amount
Expenditure # (ff 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	iture) 🔲 Indep	•	oD		713.00
	SUE	TOTAL Section P -	This Page			1,045.00
	TOTAL	_ of additional Section	on P Pages			20362.53
		PENSES PAID BY C				21,407.53

Page 96 of 10

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)			TYPE O	F REPOR	Page 3001 100	
Lebron for Hartford					OCT10	ı		
	P. Expenses	Paid by Commit	tee					
Name of Payee 363 Main Street				Date of Payment: 07/05/2023		Method of Check	#_146	
Street Address 363 Main Street		City Hartford				State CT	Zip Code 06106	
Purpose of Expenditure (by code) OVHD	Descriptions Rent		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	iture) 🔲 Ind	depend	·	oD	1,000.00		
Name of Payee				Date of Payment:	171113	Method of		
Walmart				07/12/2023		Debit C		
Street Address 2300 Dixwell Avenue		City Hamden			-	State CT	Zip Code 06514	
Purpose of Expenditure (by code) OFFICE	Descriptions Office Supplies		Ever	nt #			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							52.01	
Name of Payee				Date of Payment:		Method of I	Payment	
Later				07/10/2023		☐ Check		
Street Address 88 West Pender Stree	et	city Vancouver				State	Zip Code V6B 6N9	
Purpose of Expenditure (by code) A-WEB	Descriptions social media marketing		Even	nt #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (loint expending Coordinated without reimbursement sought (in-kind co	ture) 🔲 ind	lepende	ŕ	oD		19.14	
Name of Payee			- 1	Date of Payment:		Method of F		
Anedot				09/08/2023		⊠ Debit C		
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112	
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Even	nt #			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					26.10		
		TOTAL Section P	# 1 P ±				1,097.25	
	TOTAL	of additional Sec	tlon	P Pages			20310.28	
	TOTAL OF ALL EX (Enter total on Line	PENSES PAID BY 19, Column A of Summ					21,407.53	

Revisēd January 2815	Legen 1			T	and the same of th	Page 97 of 100
NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filling Repos	isitory)		TYPE OF	F REPORT	r e
Lebron for Hartford		·····		OCT10)	
	P. Expenses	Paid by Committe				
Name of Payee			Date of Payment:		Method of I	
Ari Cruz			07/01/2023		Debit C	
Street Address		City			State	Zip Code
51 Alps Drive		East Hartford			СТ	06108
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
WAGE	Staff Wage					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expenditurement)	- 	ne below" is checked)			320.00
	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	· · = ·	ependent anization: oA oB oC	οD		
Name of Payee	When the same of t	, , , , , , , , , , , , , , , , , , ,	Date of Payment:		Method of F	
West Indian Independe	lence Celebration, Inc		08/12/2023	}	Check	· ·
Street Address		City			State	Zip Code
P.O.Box 2632		Hartford		•	СТ	06146
Purpose of Expenditure (by code) ATT	Descriptions		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						150.00
Name of Payee	Coordinated without reimbursement sought (in-kind co	intribution) crys	Date of Payment:		Method of F	
Angel Figueroa			09/19/2023		Check	# 173 Card EFT
Street Address 29 Guilford St		City Hartford			State CT	Zip Code 06120
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requ None of the below Coordinated with reimbursement sought (joint expendit		e below" is checked)			240.00
	Coordinated with out reimbursement sought (in-kind co	_	anization: oA oB oC			
Name of Payee			Date of Payment:		Method of P	
Ari Cruz			07/17/2023		Debit Ca	
Street Address 51 Alps Drive		City East Hartford			State	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions Staff Wage	1	Event #			Amount
	Type of Expenditure (Itemization in Addendum P Requi	liture) 🔲 Indep	•	οD		324.00
	SUB	BTOTAL Section P -	- This Page			1,034.00
		L of additional Secti			····	20373.53
		(PENSES PAID BY C				21,407.53

Healised Salidary 2012						Page so of 100
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)		TYPEO	F REPORT	
Lebron for Hartford				OCT10)	
	P. Expenses	Paid by Committe	ee			
Name of Payee Anedot			Date of Payment: 08/27/2023		Method of Check	
			VOIETTEGEO		⊠Debit C	Card 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 Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	titure) 🔲 Inde	e below" is checked) spendent anization: oA oB oC	oD		1.30
Name of Payee			Date of Payment:		Method of I	
Carlos M. Rivera Marti	inez		07/20/2023		Check	
Street Address 190 Burnside Avenue		City East Hartford			State CT	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions		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						435.00
Name of Payee			Date of Payment:		Method of F	
Carlos M. Rivera Marti	inez		09/06/2023		Check	
Street Address 190 Burnside Avenue		City East Hartford			State CT	Zip Code 06108
Purpose of Expenditure (by code) WAGE	Descriptions		Event #			Amount
(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	fiture) 🔲 Indep	e below" is checked) ependent anization: oA oB oC	oD		300.00
Name of Payee			Date of Payment:		Method of F	
Anedot			09/14/2023		Debit C	
Street Address 1340 Poydras Street		City New Orleans			State LA	Zip Code 70112
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
BNK	Anedot Fees					
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	e below" is checked) ependent enization: oA oB oC	oD		28.00
		STOTAL Section P -				764.30
	TOTAL	L of additional Secti	ion P Pages	·		20643.23
		PENSES PAID BY 6				21,407.53

ANALE OF COLUMNIE	A SUPPLE D				-528	Page 900 100
	E (Provide Complete Name as Registered with Filing Repos	strory)			F REPORT	
Lebron for Hartford				OCT10)	
	P. Expenses	Paid by Committe				
Name of Payee		2009-2004 grand control of the contr	Date of Payment:	Total Control of the	Method of F	
Carlos M. Rivera Marti	inez		08/04/2023	'	☐ Check	_
Street Address		City			State	Zip Code
190 Burnside Avenue	,	East Hartford		1	CT	2ip Code 06108
Purpose of Expenditure	Descriptions		Event #		1	Amount
(by code) WAGE		1.0040				Chine
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement None of the below Coordinated with reimbursement sought (joint expending)	diture) 🔲 Inde	ependent			348.45
	Coordinated without reimbursement sought (in-kind co	ontribution) Orga	ganization: oA oB oC		1 2	
Name of Payee			Date of Payment:		Method of F	
Zoom Video Communi	ications, Inc		08/26/2023		☑ Offect ☑ Debit C	
Street Address	,	City			State	Zip Code
55 Almaden Boulevard	d 6th Floor	San Jose)	CA	95113
Purpose of Expenditure (by code) OVHD	Descriptions		Event #			Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Requ	uired unless "None of the	l ne below" is checked)		1	22.06
(if applicable)	None of the below	_	•	J	1	22,00
1	Coordinated with reimbursement sought (joint expendi		ependent	.	1	
Name of Payee	Coordinated without reimbursement sought (in-kind co.	intribution) 🔲 Organ	anization; pA pB pC Date of Payment:		Method of P	Trument
Name of Payee Subway			07/15/2023		☐ Check	#
			U// 13/2020		X Debit Ca	ard DEFT
Street Address		City			State	Zip Code
471 Farmington Avenu	ue ,	Hartford			СТ	06105
Purpose of Expenditure (by code)	Descriptions		Event #		1	Amount
FOOD	1	J	1	1	í	
Expenditure #	Type of Expenditure (Itemization in Addendum P Requi	uired unless "None of the	e below" is checked)	$\hspace{1cm} \longrightarrow \hspace{1cm}$	ĺ	38.45
(if applicable)	None of the below	·		J	(30.73
	Coordinated with reimbursement sought (joint expendit		ependent	_	í	
Name of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) L Organ	anization: oA oB oC Date of Payment:		Method of P	Povment
Shenice Morris			09/06/2023		X Check #	# 170
			00,00,202	· · · · · · · · · · · · · · · · · · ·	☐Debit Ca	1"
Street Address		City				Zip Code
63 Huntington St 3e		Hartford				06105
Purpose of Expenditure (by code)	Descriptions		Event #			Amount
WAGE	Bi-Weekly wages		ĺ		i	
Expenditure #	Type of Expenditure (Itemization in Addendum P Requi	uired unless "None of the	e below" is checked)		i	810.00
(if applicable)	None of the below		·		i	510.00
.	Coordinated with reimbursement sought (joint expendit		ependent	_	i	
	Coordinated without reimbursement sought (in-kind cor		anization: oA oB oC	oD I		
	SUB	BTOTAL Section P -	- This Page			1,218.96
		L of additional Secti				20188.57
		PENSES PAID BY C				21,407.53

SEEC FORM 20 Revised January 2015 V. EXPENDITURES (Sections P - T)

Page	10001	100
------	-------	-----

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repos	sitory)			TYPE O	F REPORT	Fage 19-01 100
Lebron for Hartford					OCT10	· ·	
	P. Expenses	Paid by Committe	ee				
Name of Payee Anedot			- 1	Date of Payment: 08/13/2023		Method of Payment Check # Debit Card EFT	
Street Address 1340 Poydras Street		City New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event	t#	*******		Amount
Type of 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					5.70		
Name of Payee Date of Payment: 09/22/2023		Method of F Check Debit C	#				
		city New Orleans				State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Descriptions Anedot Fees		Event	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	ture) 🔲 Inde	epende	·	oD		20.30
Name of Payee			- 1	Date of Payment:	***	Method of F	
Shenice Morris				08/17/2023 		Debit C	ard DEFT
Street Address 63 Huntington St 3e		City Hartford				State CT	Zip Code 06105
Purpose of Expenditure (by code) WAGE	Descriptions Bi-Weekly wages		Event	t#			Amount
Expenditure # (if applicable)	diture # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						620.00

646.00	SUBTOTAL Section P — This Page
20761.53	TOTAL of additional Section P Pages
21,407.53	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)