SEEC FORM 20

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE Plus 20 pages of Homized confider.

1. NAME OF COMMITTEE								ונט	
Surgeon For Councl							1	torpand	
2. TREASURER NAME			901000	(a) (a) (a) (a)					
First		MI		Last		* *************************************			Suffix
Devonshire "Tony"		Α		Mein					
3. TREASURER ADDRESS									
Street Address			City				State	Zip Co	
38 Ashley Street			Hai	rtford			СТ	05	
4, ELECTION/REFERENDUM DATE	5, OFFICE SOUG	HT (Comple	te only	if Candidate	Committee)			Adding a street and	RICT NUMBER
(mavdd/yyyy) November 7, 2023	Court of Comm	Court of Common Council						(if applicable	,
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	gh _{arm} ed and depotention							T
First		MI		Last					Suffix
Shirley				Surge	on 				
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ding prima	ſу	O 7th	day preceding referendi		Initial Cont (PACs ONLY)		r Disbursement
OApril 10 filing	O30 days follow	wing prima	ry	O45	lays following referende	ım _	Amendmen		
⊙ July 10 filing	7th day preced	ding electio	n	O Def	icit	Т	Type of Rep	ort:	
October 10 filing	Ol2th day prec			O Ter	mination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		On						
9. PERIOD COVERED									
	Beginning Da	ite			Ending Date				
	01/01/2023		-	thru	06/30/2023	<u></u>			
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe						on this Ite	mized Ca	mpaign F	inance
1 STA	A-		Dev	onshire .	A. Mein			07/10/	2023
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		PRI	NT NAME	OF SIGNER		_	DATE	(mm/dd/yyyy)
			_						
1/2									
A person who is					olated any provisions mprisonment or both		npaign fin	ance stat	utes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Surgeon for Council	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees	And the second s	0
12. Balance on hand at the beginning of Reporting Period	o	
13. Contributions Received from Individuals (Sections A and B)	\$6,550	\$6,550
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$6,550	6,550
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$6,550	6,550
19. Expenses Paid by Committee (Section P)	\$1,277	1,277
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$5,273	5,273
21. In-Kind Donations not Considered Contributions Received (Section L4)	o	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	О	0
23. In-Kind Contributions Received (Section M)	515	515
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	О	
25a. + Loans Received (Section D)	\$500	\$500
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	\$500	\$500
25d. Total Outstanding Loan Amount	o	
26. Campaign Expenses Paid by Candidate (Section Q)	518	\$518
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	
The state of the s		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT			
Surgeon For Council			Ì				
A. Total Contributions from S (See instructions for definition of Small			s Period ONLY TAL SECTION A	\$ 160			
Last Name	B, Itemized Co	ntribu Firs	tions from Individ	luals			МІ
See attached contribution information	n for online, checks & cash						
Residential Street Address		City	Zip C	Code			
Principal Occupation	ANIVA		Name of Employer		J	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame	ount of	Contribution
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra of government the contract	nch or b	ranches	Contractor? Yes O Legislative			
If yes, list Event # Method of Contribution:	of government the contract	Ct 13 Whit	Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order					
Last Name		Firs	t		<u> </u>		MI
Residential Street Address		City			State	Zip (Code
Principal Occupation		:	Name of Employer		.1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or b	ranches	e contractor? Yes	3		
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	y Order					
Last Name		Firs	4				MI
Residential Street Address		City			State	Zip	Code
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount o	f Contribution
	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or b	ntractor or prospective stater	_ ŎNo	3		
Method of Contribution: OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	Date Received	Aggregate Contributions			
	SUB'	тота	L Section B — This	Page \$6,550	•		
	тота	L of ad	Iditional Section B I	Pages 0			
TOTAL OF	ALL CONTRIBUTIONS FROM		VIDUALS (Sections A				

Section B - Itemized Contributions for	om In	dividuals⊟			Hom	17	0λ ('~		L .
SUYARON FOY Com	$\int_{\mathcal{L}}$					12	4000	mad	105
Last Name	<u> </u>		First Name		1.	9	ed Con ,20 (~	
Airey-Wilson				۵/۱	ronica /	۲	, W (OX	2)
Residential Street Address			City	VÇ	Offica		1	\mathcal{O}	
131 Ridgefield St			Harfo	rd			СТ	ode	06112
Principal Occupation			Hano		Name of Employer		CII		00112
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	e officer of a	a mi	I \$400 to a candidate communicipality does contribute with have a contract with s than \$5000?	or of		No	
ls this contribution associated with an event reported in Section L1?	No	Is contributor contractor?	a principal o	of si	tate contractor or prospec	tive	state	No	
Method of Contribution	Date R	l teceived		Ag	gregate Contributions	An	nount of		
Check		06/28	/2023				ntribution	¢1	00.00
Citeck	1	00/20	12023			<u> </u>		Ф 1	00.00
Last Name			First Name					MI	
Alexandre				He	enri				
Residential Street Address			City					ip i	
29 Old Oak Court			Bloor	nfie	eld		стľ	ode	06002
Principal Occupation			•		Name of Employer				
Attorney					Retri	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	e officer of a	a mi ed w	\$400 to a candidate comr unicipality does contribute vith have a contract with s han \$5000?	or or		No	
Is this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal o	of si	tate contractor or prospe	tive	state	No	
Method of Contribution	Date R	l leceived		Ag	gregate Contributions	An	ount of		
Check		06/28	/2023			Co	ntribution	\$1	50.00
- John Charles		00120	72020			_L		Ψι	50.00
Last Name Andetrson			First Name		da			MI	
Residential Street Address			City	Ky	<u>le</u>		State Z	L_ !ip	
101 Tower Ave			Hartfo	امور	ı		СТ	ode	06147
Principal Occupation			панн	_	Name of Employer			•	00147
Retired					Retir	~~			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	e officer of a he associate	a mu ed w	\$400 to a candidate comr unicipality does contribute vith have a contract with s	nitte or or		No	
ls this contribution associated with an event reported in Section L1?	No	Is contributor contractor?	a principal o	of st	tate contractor or prospec	tive	state	No	
Method of Contribution	Date R	teceived		Ag	gregate Contributions		ount of		
Cradit Card	1	00100	Jana			Co	ntribution	•	20.00

Section B - Itemize	ed_Contributions	from	Individuals
CINDROM	En/Com	5	

= Surkul lor Come	(1								
Last Name	·		First Name					N	11
Benjamin			,	W۶	ayne				1
Residential Street Address			City		<u></u>	75		<u> </u>	•
65 Amanda Circle			Winds	201	-		ст	Code	06095
Principal Occupation			vviilus		Name of Employer				00095
Duinalnal						1			
Principal Is contributor a lobbyist, spouse, or dependent		If contribution	is in aveass	nf	\$400 to a candidate comm		own As	SOCI	tes
child of a lobbyist?	No	chief executive	e officer of a ne associate	mu d w	inicipality does contributo ith have a contract with sa	ror	2 101 a	N	0
Is this contribution associated with an event reported in Section L1?	No	is contributor contractor?	a principal c	of st	ate contractor or prospect	tive s	state	N	0
Method of Contribution	Date R	eceived		Ag	gregate Contributions	Amo	ount of		
Credit Card		06/29	ເວດວາ		_	Con	tribution	d	100.00
Oldar Oard		00/23	12020	L		Ь		,	100.00
Last Name			First Name					٨	41
Boudier				Ca	ırmen				
Residential Street Address			City	00	annor .	1	State	L Zip	.,
343 Rockwell ave			Bloon	nfiz	ald		СТ	Code	06002
Principal Occupation			DIOON		Name of Employer		011		00002
Retired					Retire	م ما			
Is contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate comm		e for a		
child of a lobbylst?	No		ne associate	d w	unicipality does contributo vith have a contract with sa han \$5000?			N	0
is this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal c	of st	tate contractor or prospec	tive s	state	N	0
Method of Contribution	Date R	eceived		Ag	gregate Contributions	Amo	ount of		
Credit Card		06/21	12023		-	Con	itribution		\$250.00
Orcar Cara		00/21	12020	<u> </u>		<u>i</u>			p230.00
Last Name			First Name					N	/11
Bzdyra				Mi	chael				R
Residential Street Address			City		ondo:			Zip	
90Village Dr, Apt 4	36		 Weth	orc	efiold		СТ	Code	06109
Principal Occupation	30		AAGUI	G1 5	Name of Employer	Щ.	011		00108
Lobbyist					, -	۰.	out Aff	oiro	
Is contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate comm		ovt. Aff	airs	
child of a lobbyist?	Yes	chief executive	e officer of a ne associate	a mo ed w	unicipality does contributo vith have a contract with sa	or or	. 101 4	N	0
ls this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal o	of st	tate contractor or prospec	tive :	state	N	o
Method of Contribution	Date R	eceived		Ag	gregate Contributions		ount of		
Check		06/28	/2023			Con	ntribution		\$25.00

Section B - Itemized Contributions for	rom in	ıdividuals⊟							
Swaeon For Cour	10/4								
Last Name	<u> </u>		First Name					N	า
Cicero				20	nserae				
Residential Street Address			City	<u> </u>	1100100	_	State 7	L Zip	
931 Forbes St			East	Lام	rtford		СТ	Code	06118
Principal Occupation			Last		Name of Employer		CI		00110
							ماللامم		
Self Employed Is contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate com		consultin	<u>g</u>	
child of a lobbyist?	No	chief executive	e officer of a he associate	a mu ed w	unicipality does contribut with have a contract with s	or or		Ν	0
is this contribution associated with an event			a principal o	of st	tate contractor or prospe	ctive	state		
reported in Section L1?	No	contractor?						N	n
	, 10								O .
Method of Contribution	Date F	Received	, 	Ag	gregate Contributions	An	ount of		
Credit Card		06/20	/2023			Co	ntribution	c	\$250.00
Ordan Gard		00/20	12020						7200.00
Last Name			First Name	-					/II
Diaz				Ja	V				
Residential Street Address			City		<u></u>		State Z	Zip	
850 Mountain Rd			West	Hź	artford		СТ	Code	06117
Principal Occupation			11000		Name of Employer		911		
Self-employed					New	wa.	VS		
is contributor a lobbyist, spouse, or dependent					\$400 to a candidate com	mitte	e for a		
child of a lobbyist?	No		he associate	ed v	unicipality does contribut vith have a contract with s than \$5000?		r	Ν	o
Is this contribution associated with an event			a principal (of s	tate contractor or prospe	ctive	state		
reported in Section L1?	No	contractor?						Ν	o
Method of Contribution	Date F	Received		Ag	gregate Contributions		nount of		
Credit Card		06/29)/2023			Co	ntribution	9	\$200.00
			12020	1					
Last Name			First Name	}				1	ΛI
DiBella				Bil	1				
Residential Street Address			City		<u></u>		State 2	Zip	
1Gold Street			Hartfe	ord	ļ		СТ	Code	06103
Principal Occupation		 _			Name of Employer				
Lobbyist					3D (Con	sultants	ПC	<u>,</u>
Is contributor a lobbyist, spouse, or dependent					\$400 to a candidate com	mitte	ee for a		
child of a lobbyist?	No		he associate	ed v	unicipality does contribut vith have a contract with : than \$5000?		r	N	0
Is this contribution associated with an event			a principal	of s	tate contractor or prospe	ctive	state		
reported in Section L1?	No	contractor?						Ν	0
		<u> </u>			<u></u>				
Method of Contribution	Date F	Received		Ag	gregate Contributions		nount of ntribution		
Credit Card	1	06/30	/2023			1	na ibadon	9	\$250.00

Section B - Itemized Contributions f	rom Ir	ıdividuals⊟						
Surgeon for Can	real							
Last Name	<u> </u>		First Name	!				MI
Fichman		ı	Į	Ric	chard			- [
Residential Street Address			City		, , , , , , , , , , , , , , , , , , ,	Sta		 p
38 Prattling Pond	Rd		Farm	ina	ton		CT	ode 060
Principal Occupation	Ttu_		1 I ami		Name of Employer		<u> </u>	000
Physician					Self			
ls contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate com	nittee f	or a	,a ,.
child of a lobbylst?	No	chief executive	e officer of a	a mu ed w	inicipality does contribut ith have a contract with s	or or	J. U	No
is this contribution associated with an event			a principal	of st	ate contractor or prospe	ctive sta	ite	
reported in Section L1?	No	contractor?						No
	110							140
Method of Contribution	Date I	Received		Ag	gregate Contributions	Amou	nt of	
Credit Card		06130	/2023	~		Contri	bution	\$250.
Credit Card	L_,	00/30	12023	<u></u>		<u> </u>	<u></u> .	Φ ΖΟυ.
Last Name			First Name		777. 778.			MI
Findley			ļ	NI n	ıfrsha			
Residential Street Address			City	INO	III SII a	Sta	te Zi	<u> </u>
201 Torry Dood			1	لمس		•	lo.	ode
201 Terry Road Principal Occupation		<u></u>	Harfo		Name of Employer		CT	061
					, -		14 1	
Nurse Is contributor a lobbyist, spouse, or dependent		If contribution	le in overa	.	UCOI \$400 to a candidate comi	nn Ho		
child of a lobbyist?	No	chief executive	e officer of a	a mi ed w	inicipality does contribut with have a contract with s	or or	ora	No
is this contribution associated with an event			a principal	of st	tate contractor or prospe	ctive sta	ite	
reported in Section L1?	No	contractor?						No
								110
Method of Contribution	Date I	Received		Ag	gregate Contributions	Amou	nt of	
Cash		06/09	3/2023	-	_	Contr	bution	\$25.
Casii		00/00	12023	<u></u>		<u> </u>		Ψ20.
Last Name			First Name	·				MI
Fonfara				Jo	hn			w
Residential Street Address			City	90	<u> </u>	Sta	ite Z	q
99 Montrose St			Harfo	rd			CT	ode 061
Principal Occupation		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	[Hanc		Name of Employer		CII	001
ls contributor a lobbyist, spouse, or dependent	·	If contribution	is in exces	s of	Enei \$400 to a candidate comi		or a	
child of a lobbyist?	No	chief executive	e officer of a he associate	a mi ed w	unicipality does contribut with have a contract with s	or or	Ųiα	No
Is this contribution associated with an event			a principal	of s	tate contractor or prospe	ctive sta	ite	<u></u>
reported in Section L1?	No	contractor?						No
Method of Contribution	Date I	Received		Ag	gregate Contributions	Amou	nt of	·
Check		UE/38	1/2023		-	Contr	bution	\$100

Section B - Itemized Contributions from Individuals

Singeon for Cour	CAL.								
Last Name	<u></u>		First Name	:				М	i i
Haldane		,		Vic	olette				0
Residential Street Address			City		The second secon	7	State Z	ip Iode	
50 Lebanon St			Harfo	ord			СТ	.oae	06112
Principal Occupation					Name of Employer				
Owner					 Hald	ane	Real Es	state)
ls contributor a lobbyist, spouse, or dependent					\$400 to a candidate comn	nitte	e for a		
child of a lobbyist?	No		he associate	ed w	unicipality does contributo vith have a contract with s than \$5000?			No)
Is this contribution associated with an event			a principal (of st	tate contractor or prospec	ctive	state		
reported in Section L1?	No	contractor?						No)
Method of Contribution	Date I	 Received	awt	Ag	gregate Contributions		ount of		
Check		06/28	3/2023			Сог	ntribution		\$50.00
Last Name			First Name					M	ii
 Hall		I	•		lttm:/				
Residential Street Address			City	DII	ittny		State Z	ip.	
	4		'	·	1		. Jc	.ode	00440
53 Thomaston Str Principal Occupation	eeı		Hartfo		Name of Employer		CT		06112
,					, ,	اء ما	مطارات والتا		
Customer Specialist Is contributor a lobbyist, spouse, or dependent		If contribution	is in exces	s of	\$400 to a candidate comp		Healtho	are	
child of a lobbylst?	No	chief executive	e officer of a he associate	a mı ed w	unicipality does contribute vith have a contract with s	or or		No	ס
Is this contribution associated with an event reported in Section L1?	No	Is contributor contractor?	a principal o	of st	tate contractor or prospec	ctive	state	No	
Method of Contribution	Date I	Received		Ag	gregate Contributions		ount of		
Credit Card		06/30)/2023	<u>_</u>		Cor	ntribution		\$25.00
Last Name			First Name				<u></u>	М	
 Hall				l٥	shua				
Residential Street Address			City	JU	Silua		State Z	<u> </u> .ip	
			1		.t		lo lo	ode	00440
28 Canterbury St Principal Occupation			Hartfo		Name of Employer		CT		06112
· '						ام ما	i malaka 6	م داد د	.1_
Educator Is contributor a lobbyist, spouse, or dependent		If contribution	is in exces	s of	\$400 to a candidate com		Public S	scho	ols
child of a lobbyist?	No	chief executive	e officer of a he associate	a mi ed w	unicipality does contribute with have a contract with s	or or		No	o
Is this contribution associated with an event reported in Section L1?		Is contributor contractor?	a principal	of si	tate contractor or prospec	ctive	state		
reported in Section Cr.	No	COBLIACTOR:						No)
Method of Contribution	Date f	Received		Ag	gregate Contributions		ount of		
Credit Card		06/29	9/2023			Cor	ntribution	\$	3100.00

Section B - Itemized Contributions from Individuals Last Name First Name МΙ Hanten Laura Residential Street Address City State Zip Code 43 Girard Ave Hartford CT 06105 Principal Occupation Name of Employer Government affairs Stamford health ls contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event is contributor a principal of state contractor or prospective state reported in Section L1? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$100.00 Last Name First Name МІ Harris Steven M Residential Street Address City State Zip Code 213 Cleveland Avenue CT Harford 06120 Principal Occupation Name of Employer Retried Retried ls contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Aggregate Contributions Method of Contribution Date Received Amount of Contribution Check 06/28/2023 \$100.00 Last Name First Name МΙ Hennessy Matthew Residential Street Address City State Zip Code 161 Tremont Street CT Harford 06105 Principal Occupation Name of Employer Managing Director Tramont Public advisors Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or business he/she associated with have a contract with said No No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Aggregate Contributions Date Received Amount of Contribution Check 05/19/2023 \$150.00 Section B - Itemized Contributions from Individuals□

_ Shalm for Cour	lky								
Last Name			First Name	3				7	MI
Hennessy				Μŧ	atthew				
Residential Street Address			City			5	State	Zip	
161 Tremont Stre	et		Harfo	ord			СТ	Code	06105
Principal Occupation	<u> </u>		1 10000		Name of Employer			<u> </u>	00.00
Managing Director				İ	Tren	nont	Public	·Δdv	denre
Is contributor a lobbyist, spouse, or dependent		If contribution	ı is in exces	s of	\$400 to a candidate com			<u> </u>	13013
child of a lobbyist?	No		he associate	ed w	unicipality does contribute with have a contract with s than \$5000?			N	10
is this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal	of s	tate contractor or prospec	ctive s	state		lo .
Method of Contribution	Date	 Received		Ag	gregate Contributions	Amo	ount of		
Check		06/28	3/2023_	L		Con	tribution	i	\$75.00
Last Name			First Name			*******		<u> </u>	MI
Hernandez	reeman st			Ar	milcar				
Residential Street Address	a Jobbyist, spouse, or dependent					2	State	Zip	
332 Freeman st			Hartf	iorc	4		СТ	Code	06106
Principal Occupation			11000	<u> </u>	Name of Employer		<u> </u>	<u> </u>	
Controller					Our	Pier	e of th	ιο Pir	e Inc
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	e officer of a he associate	a mi	\$400 to a candidate communicipality does contribute with have a contract with s	mittee or or			lo
Is this contribution associated with an event reported in Section L1?	No	Is contributor contractor?	a principal	of s	state contractor or prospec	ctive :	state	N	10
Method of Contribution	Date	Received		Ag	gregate Contributions		ount of		······.
Credit Card		06/29	0/2023_	L		Con	tributior	ı 	\$50.00
Last Name	 _		First Name	<u></u>				1	MI
Hester				Нε	enry				
Residential Street Address			City		orn y	5	state	Zip	
61DEERFIELD			Hartf	orc	4		СТ	Code	e 06112
Principal Occupation			Hun	<u> </u>	Name of Employer				00112
Retired					Retir	he.			
Is contributor a lobbyist, spouse, or dependent		If contribution	ı is in exces	s of	\$400 to a candidate com		e for a		
child of a lobbyist?	No		he associate	ed w	unicipality does contribute with have a contract with s than \$5000?		_	٨	Мо
Is this contribution associated with an event reported in Section L1?	No	Is contributor contractor?	a principal	of s	state contractor or prospec	ctive s	state		10
Method of Contribution	Date	Received		Ag	gregate Contributions		ount of		
Credit Card		06/21	1/2023			Con	itributior	1	\$50.00

Section B - Itemized Contributions from Individuals [

First Name Last Name MI Hill K Howard Residential Street Address City State Žip Code 30 Peck Lane 06518 Hamden CT Principal Occupation Name of Employer **Funeral Director** Howard K. Hill Funeral Is contributor a lobbyist, spouse, or dependent lf contribution is in excess of \$400 to a candida சூழைய்கு e for a chief executive officer of a municipality does contributor or child of a lobbyist? No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? No No Method of Contribution Date Received Amount of Aggregate Contributions Contribution Credit Card 06/21/2023 \$250.00 Last Name First Name MI Holloway Jean Residential Street Address City State Zip Code 14 Fairmont St Harford CT 06120 Principal Occupation Name of Employer Retried Retried ls contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Date Received Method of Contribution Aggregate Contributions Amount of Contribution Cash 06/28/2023 \$25.00 Last Name First Name ΜI Holloway Shawn City Residential Street Address State Zip Code 191 Palm St Hartford CT 06112 Principal Occupation Name of Employer Inspector City of Hartford Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? is this contribution associated with an event is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$25.00

Section B - Itemized Contributions for		1							
	MC	<u> </u>							
Last Name			First Name					MI	
Hoyes				Pe	ta				
Residential Street Address		···	City				State Zi	p	
176-04 Henley Ro	ad		Jama	ica	1	İ	NY	ode	11432
Principal Occupation				_	Name of Employer				.,
coo					Tag1	C	onsulting,	Inc	
Is contributor a lobbyist, spouse, or dependent		If contribution	is in excess	of	\$400 to a candidate comn			mo.	
child of a lobbyist?	No	chief executive	e officer of a ne associate	mı d w	unicipality does contribute vith have a contract with s	or or		No	ļ
is this contribution associated with an event		Is contributor	a principal c	of st	tate contractor or prospec	tive	state		
reported in Section L1?	No	contractor?						No	
	(AO							טאו	
Method of Contribution	Date 5	leceived		Ασ	gregate Contributions	Arr	ount of		
			10000	, .e.	gregate continuations		ntribution	.	
Credit Card	<u> </u>	06/20	/2023	<u> </u>		<u> </u>	······································	\$1	00.00
Last Name			First Name					MI	
·			Ì					1""	
Hoyes Residential Street Address				Ro	bin		Ch., 17		
			City				State Zi	ode p	
63-25 Austin st			Rego				NY		11374
Principal Occupation					Name of Employer				
Utility worker					Con	edi	son		
ls contributor a lobbylst, spouse, or dependent child of a lobbylst?	No	chief executive	e officer of a he associate	mı d w	\$400 to a candidate communicipality does contribute with have a contract with s han \$5000?	or or		No	
Is this contribution associated with an event			a principal o	of si	tate contractor or prospec	tive	state		
reported in Section L1?	No	contractor?						No	l
								110	
Method of Contribution	Date F	Received		Ag	gregate Contributions	lAm	nount of		
			10000		5 -u		ntribution		h=0 00
Credit Card	1	06/30	/2023	<u> </u>					\$50.00
Last Name			First Name					МІ	
					•			- 1	
Joiner Residential Street Address		<u>,</u>	City	ĸe	vin	 ,	State Zi		R
]				c	ode	
75 Girrard Ave			Harfo		D		CT]		<u>06105</u>
Principal Occupation					Name of Employer				
Retried					Retri				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	chief executive	e officer of a he associate	mı d w	\$400 to a candidate communicipality does contribute vith have a contract with shan \$5000?	or o		No	
Is this contribution associated with an event			a principal o	of si	tate contractor or prospec	tive	state		·····
reported in Section L1?	No	contractor?						No	
Method of Contribution	Date F	Received		Ag	gregate Contributions		nount of		
Check	1	06/28	/2023			Co	ntribution	\$	100.00

Section B - Itemized Contributions fr	om In	dįviduals⊟							
Surgeon by Car	mc	\mathcal{A}							
Last Name	2.00		First Name				у	М	ı
Laliberte		'] .	Ale	exandra				
Residential Street Address			City			Sta		Zip	
16 Cedar Ridge D	rive		Glast	onł	burv		СТ	Code	06033
Principal Occupation					Name of Employer				
Program Manager				- 1	Was	te Ma	nager	nent	
Is contributor a lobbyist, spouse, or dependent					\$400 to a candidate comr	nittee i			
child of a lobbyist?	No		he associate	ed w	inicipality does contribute with have a contract with s han \$5000?			No	o
Is this contribution associated with an event			a principal o	of st	ate contractor or prospec	ctive st	ate		
reported in Section £1?	No	contractor?						Ne	^
	140							111	,
Method of Contribution	Date R	Received		Agg	gregate Contributions	Amot	ınt of		
Credit Card		06/20	/2023			Contr	ibution		\$25.00
Oredit Oard		00/23	12020						Ψ25.00
Last Name			First Name	;				N	11
Lebron				Nic	nk				
Residential Street Address			City		<u> </u>	St		Zip	
192 Laurel St			Harfo	ord			ст	Code	06105
Principal Occupation			Liano		Name of Employer	1			00100
Director					Cath	olic (Charitie	20	
ls contributor a lobbyist, spouse, or dependent					\$400 to a candidate comr	nittee			
child of a lobbyist?	No		he associate	ed w	unicipality does contribut vith have a contract with s han \$5000?			N	o O
Is this contribution associated with an event reported in Section L1?		ls contributor contractor?	a principal o	of st	ate contractor or prospe	ctive st	ate		
reported in Section C1?	No	contractors						N	o
Method of Contribution	Date R	Received		Agg	gregate Contributions		int of	·	
Cash		06/28	3/2023			Conti	ribution	\$	\$100.00
Last Name			First Name	•				IV	11
Longmore	_		ļ	Do	novan				
Residential Street Address			City			St	ate	Zip Code	
14 Linwood Drive			Bloom	nfie	eld		СТ	code	06002
Principal Occupation				\neg	Name of Employer				
Accounting					St Fi	rancis	s hosp	ital	
Is contributor a lobbyist, spouse, or dependent					\$400 to a candidate comr	nittee			
child of a lobbyist?	No		he associate	ed w	unicipality does contribut vith have a contract with s han \$5000?			N	0
Is this contribution associated with an event			a principal o	of st	ate contractor or prospe	ctive st	ate		
reported in Section L1?	No	contractor?						No	0
Method of Contribution	Date R	Received		Agg	gregate Contributions		ınt of		
Credit Card		06/29	9/2023			Contr	ibution		\$75.00

Credit Card

Section B - Itemized Contributions from Individuals Last Name First Name МІ Magubane Sibongile Residential Street Address City State Zip Code 54 Goodwin Circle CT 06105 Hartford Principal Occupation Name of Employer Retired Retired Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? Nο No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/20/2023 \$100.00 Last Name First Name М Magubane Sibongile Residential Street Address City State Zip Code 54 Goodwin Circle Hartford CT 06105 Principal Occupation Name of Employer Retired Retired Is contributor a lobbyist, spouse, or dependent if contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$150.00 Last Name First Name ΜI Martin Kenniel Residential Street Address State Zip Code 88 Wintonbury Avenue Bloomfield CT 06002 Principal Occupation Name of Employer Accountant DSS ls contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No

06/29/2023

Aggregate Contributions

Amount of Contribution

Date Received

\$100.00

Section B - Itemized Contributions from Individuals □ Last Name First Name MI McCrory Douglas Residential Street Address City State Zip Code 235 Blue Hills Avenue CT 06112 Harford Principal Occupation Name of Employer CREC is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a | |child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution **Date Received** Aggregate Contributions Amount of Contribution Check 06/28/2023 \$250.00 Last Name First Name МІ McFarland Mchelle R Residential Street Address City State Zip Code 35 Greenich St Harford CT 06120 Principal Occupation Name of Employer Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Aggregate Contributions Date Received Amount of Contribution Cash 06/28/2023 \$10.00 Last Name First Name MI Mein Devonshire Α Residential Street Address City State Zip Code 38 Ashley Street Hartford 06105 CT Principal Occupation Name of Employer Retired Retired Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 05/20/2023 \$20.00 Section B - Itemized Contributions from Individuals □

First Name Last Name MI Miles Pat Residential Street Address City State Zìp Code 269 Roger Street Hartford CT 06106 Principal Occupation Name of Employer General Chs is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$100.00 Last Name First Name MI Miller Patricia Residential Street Address City State Zip Code 74 Scott Drive Bloomfield CT 06002 Principal Occupation Name of Employer ls contributor a lobbylst, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? ls this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Check 06/28/2023 \$100.00 Last Name First Name МІ Miller Tianidra Residential Street Address City State Zip Code 5636 NW 58th Lane FL 33319 Tamarac Principal Occupation Name of Employer Creativista Charm LLC Teacher ls contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event ls contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card \$250.00 06/30/2023

Section B - Itemized Contributions from Individuals First Name Last Name MI Murray Kevin Residential Street Address Zip City State . Code 201 Terry Road Harford 06105 CT Principal Occupation Name of Employer Self Employed Self Employed Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution 06/28/2023 Cash \$50.00 Last Name First Name ΜI Petit Urania Residential Street Address City State Zip Code 35 Pembroke Street Harford CT 06112 Principal Occupation Name of Employer Unemployed Unemployed is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Date Received Method of Contribution Aggregate Contributions Amount of Contribution 06/28/2023 Cash \$25.00 Last Name First Name ΜI Reid Lorna Residential Street Address City State Zip Code 204 Wakefield Circle East Hartford 06118 Principal Occupation Name of Employer Human Resources State of Ct Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? is this contribution associated with an event is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/24/2023 \$50.00

Section B - Itemized Contributions from Individuals

Singlen for la	MC	1							
Last Name			First Name					M	
Robinson			1	СО	lene				
Residential Street Address		·	City			Stat	e 2	Zip Code	
29 Terry Rd			Harfoi	rd			CT	_oue	06105
Principal Occupation					Name of Employer	•			
Retried					Retrie	ed			
Is contributor a lobbyist, spouse, or dependent					\$400 to a candidate comm		ra		
child of a lobbyist?	No		ie associate	d w	inicipality does contributor ith have a contract with sa han \$5000?			No)
ls this contribution associated with an event reported in Section L1?	No	Is contributor a contractor?	a principal o	f st	ate contractor or prospect	t ive sta	te	No	,
	INO							INC	,
Method of Contribution	Date R	eceived		Agg	JO	Amour Contril			
Cash		06/28	/2023			Contin	Julion		\$25.00
Last Name			First Name				<u></u>	М	1
Salina				hΑ	am				
Residential Street Address			City		arri	Sta		l_ Zip	
95 Spicewood Lar	ıe		Berlin	,			стľ	Code	06037
Principal Occupation		· · · · · · · · · · · · · · · · · · ·			Name of Employer				0000.
Government Relations					Koza	k & S	alina	LLC	;
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	No	chief executive business he/sl	e officer of a ne associate	mı d w	\$400 to a candidate communicipality does contributo ith have a contract with sa	nittee fo r or		No	
		municipality va							
is this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal c	of st	tate contractor or prospec	tive sta	te	No)
Method of Contribution	Date R	l teceived		Ag	gregate Contributions	Amou			
Credit Card		06/29	/2023			Contri	bution	\$	100.00
Last Name			First Name					M	il
Samuels				Na	ıtasha				G
Residential Street Address			City			Sta	te	Zip	
73 Trebbe Drive			Manc	he	ster		СТ	Code	06040
Principal Occupation			India		Name of Employer	<u> </u>			00010
Intellectual Property M	anad	er			Yale	Unive	ersity		
Is contributor a lobbyist, spouse, or dependent	unag.	If contribution			\$400 to a candidate comm	nittee f			
child of a lobbyist?	No		he associate	d v	unicipality does contributo vith have a contract with sa han \$5000?			No	Ö
Is this contribution associated with an event reported in Section L1?	No	ls contributor contractor?	a principal o	of s	tate contractor or prospec	tive sta	te	N	0
Method of Contribution	Date F	l Received		Ag	gregate Contributions	Amou			
Credit Card		06/29	/2023			Contri	bution		\$50.00
Oroun Oard	11	701ZU		1		F			4-4.44

Credit Card

Section B - Itemized Contributions from Individuals □ Last Name First Name MI Sinclair Desmond Residential Street Address City State Zip Code 186 Branford Street Harford CT 06112 Principal Occupation Name of Employer Auditor City of Htfd Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Check 06/28/2023 \$50.00 Last Name First Name ΜI Smith Errol Residential Street Address City State Zip Code 7 Mansfield Avenue West Hartforfd 06117 Principal Occupation Name of Employer Insurance Underwriter Northfield Insurance If contribution is in excess of \$400 to a candidate committee for a ls contributor a lobbyist, spouse, or dependent child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said Nο municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$100.00 Last Name First Name ΜI Stewart Jeffrey Residential Street Address State Zip Code 30 Belden Street Hartford CT 06120 Principal Occupation Name of Employer Retired Retired ls contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said Nο municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No

06/29/2023

Aggregate Contributions

Amount of Contribution

Date Received

\$100.00

Check

Section B - Itemized Contributions from Individuals ast Name First Name M Surgeon Donna Μ Residential Street Address City State Zip Code 160 Adams st Hartfors CT 06112 Principal Occupation Name of Employer Registered Nurse Fresenius Kidney Care Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event is contributor a principal of state contractor or prospective state reported in Section L1? contractor? Nο No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$250.00 Last Name First Name MI Tate Rosemarie Residential Street Address City State Zip Code 598 S. Quaker Lane West Hartford 06110 Principal Occupation Name of Employer Retried Retried Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Check 06/28/2023 \$50.00 Last Name First Name МІ Thomas Dwayne City Residential Street Address State Zip Code 401 Cedar Hill Drive Rocky Hill CT 06067 Principal Occupation Name of Employer Htfd Hospital Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No

06/28/2023

Date Received

Aggregate Contributions

Amount of Contribution

\$50.00

Credit Card

Section B - Itemized Contributions from Individuals □ First Name МІ Walker Racquel Residential Street Address State Zip Code 528 Broadview Terrace Hartford CT 06106 Principal Occupation Name of Employer IT Project Manager Pratt and Whitney If contribution is in excess of \$400 to a candidate committee for a Is contributor a lobbyist, spouse, or dependent child of a lobbyist? chief executive officer of a municipality does contributor or business he/she associated with have a contract with said No No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$200.00 Last Name First Name MI Waller Nekita Residential Street Address City State Zip Code 116 East Pershing Street Bloomfield 06002 CT Principal Occupation Name of Employer Administration Self is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event ls contributor a principal of state contractor or prospective state reported in Section L1? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$50.00 Last Name First Name MI Williams Kimalee Residential Street Address City State Zip Code Hartford 88 Canterbury st 06112 CT Principal Occupation Name of Employer Property Management Faith Asset Management ls contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No Nο

06/23/2023

Aggregate Contributions

Amount of Contribution

Date Received

\$100.00

Section B - Itemized Contributions from Individuals□

Last Name First Name ΜI Williams Schantel Ν Residential Street Address City State Zip Code 1101 President Street Brooklyn NY 11225 Principal Occupation Name of Employer Research Director Weill Cornell Medicine Is contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No No business he/she associated with have a contract with said municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$50.00 Last Name First Name М Winch rJo Residential Street Address City State Zip Code 359 Sigourney St, ste 3 **HARTFORD** 06112 CT Principal Occupation Name of Employer Retired Retired ls contributor a lobbylst, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? ls this contribution associated with an event Is contributor a principal of state contractor or prospective state reported in Section L1? contractor? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$50.00 Last Name First Name ΜI Wood Adam Residential Street Address City State Zip Code 260 France Street Rocky Hill CT 06067 Principal Occupation Name of Employer Public Affairs City and State LLC ls contributor a lobbyist, spouse, or dependent If contribution is in excess of \$400 to a candidate committee for a child of a lobbyist? chief executive officer of a municipality does contributor or No business he/she associated with have a contract with said No municipality valued at more than \$5000? Is this contribution associated with an event Is contributor a principal of state contractor or prospective state contractor? reported in Section L1? No No Method of Contribution Date Received Aggregate Contributions Amount of Contribution Credit Card 06/29/2023 \$250.00

Section B - Itemized Contributions fr	rom In	dividuals⊟				
Suprem For Co	mc	1				
Last Name	*·V/	First Name			N	AI .
Young		į.	Shelby			Α
Residential Street Address		City			Zip	
32Alexander Rd		Bloor	mfield	СТ	Code	06002
Principal Occupation			Name of Employer			
Owner/Cottge Grve Ci	rcle C	omplxlex	Co-	Owner		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	contributor a lobbyist, spouse, or dependent					
is this contribution associated with an event reported in Section L1?	No	is contributor a principal contractor?	of state contractor or prospe	ective state	N	0
Method of Contribution Check	Date F	06/28/2023	Aggregate Contributions	Amount of Contribution		\$50.00

Showing 1 to 58 of 58 entries

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMM Surgeon For Co	ITTEE <i>(Provide Comple</i> Uncil	te Name as Registered w	ith Filing Repos	itory)		TYPE OF REPORT	
Jargeon For Go	GI JOH	C1. C	ontributio	ons from O	ther Comr	nittees	
Name of Committee	ik o saman ing kananan ing panggan an		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Name of Trea	MS 34050, 15 5 5 4 4 4 4 5 1	
Address			<u> </u>	Is this contri event report	ed in Section L	ted with an OYes ONo	Amount of Contribution
City		State	Zin Dada	Date Roce		list Event # Aggregate Contributions	0
City		State	Zip Code	Date Rece	.ived	Aggregate Contributions	
Name of Committee					Name of Trea	surer	
Address					ed in Section L	ted with an Yes No 1? list Event #	Amount of Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions	⊣
Name of Committee					Name of Trea	şurer	
<u> </u>			<u> </u>		<u></u>		
Address					ed in Section L	ted with an Yes No .1? list Event #	Amount of Contribution
City		State	Zip Code	Date Reco		Aggregate Contributions	
	(2) I	Reimbursemen	ts or Surp	lus Distrib	utions from	n other Committees	
Name of Committee	<u>~~~</u>	· · · · · · · · · · · · · · · · · · ·	ra or purp		Name of Trea		
Address				City		<u></u>	State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					Amount of Receipt
		OReimbursen	nent for shared	expense Os	Surplus Distrib	ation	0
Description							
		<u></u>	****	- X			
Name of Committee					Name of Trea	aswer	
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		L			Amount of Receipt
	(у аррисиоле)	O Reimburs	ement for shar	ed expense	Surplus Distr	ibution	0
Description			<u></u>				
-				OTAL Secti			
			TOTAL	of addition:	al Section C	Pages 0	
		F ALL COMMIT is C1 + C2) (Enter					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered w Surgeon For Council	ith Filing Repository)			TYPE OF	REPORT	
	D. Loans R	eceiv	ed this Period				
Name of Lender			Source of Loan:			_	Date of Receipt
Shirley Surgeon			OBank O Candi	idate 🔘	Individua	Other Committee	04/01/23
Street Address	City				State	Zip Code	Is there a Cosigner or
160 Adams Street	Htfd				CT	06105	Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
N/A							
Street Address	City		<u></u>		State	Zip Code	\$500
Name of Lender			Source of Loan: OBank O Cand	lidate 🔘	Individua	Other	Date of Receipt
Street Address	City				State	Committee Zip Code	Is there a Cosigner or
							Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
							0
Street Address	City				State	Zip Code	Ĭ
Name of Lender			Source of Loan: OBank OCand	lidate 🔿	Individua	d Other Committee	Date of Receipt
Street Address	City			-	State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)						<u> </u>	O Yes O No
Trails of Congress Chinadatol (g) appreciately							Amount Received
Street Address	City			· · · · · · · · · · · · · · · · · · ·	Stale	Zip Code	0
		51.5	TOTAL SECTI	ION D	\$50	0	
E. Receipts from Entities other	than Individ	luals	or Other Com	nittees	(Refere	udum Committe	es ONLY)
Name of Entity							
Street Address				Date R	teceived		Amount Received
City	Is	State	Zip Code	Aggre	gate Contri	butions	0
Name of Entity							
·							
Street Address				Date R	Received		Amount Received
City	S	State	Zip Code	Aggre	gate Contri	butions	0
Name of Entity							<u> </u>
Street Address	·			Date F	Received		Amount Received
City	S	State	Zip Code	Aggre	egate Contr	butions	0
		to William I have			eta 31 1 ***		
			TOTAL SECT	TON E	0		

I. MONETARY RECEIPTS (Sections A—K)

	EE (Provide Complete Name as Registered	with Filing Repository)	TYPE	OF REPORT
urgeon For Counc	oil .			
F	. Amount Transferred fro	om Affiliated Business	Treasury (Business Entit	y Committees ONLY)
te of Receipt	Is this transaction associated event reported in Section LI		ist Event #	Amount 0
nte of Receipt	Is this transaction associated event reported in Section L1	~	ist Event #	Amount 0
ite of Receipt	Is this transaction associated event reported in Section L1	34 2 40 27 740 1	ist Event #	Amount O
ate of Receipt	Is this transaction associated event reported in Section LI	<u> </u>	list Event #	Amount 0
		п	OTAL SECTION F	0
	· · · · · · · · · · · · · · · · · · ·		er Organization Treas	IFY (Organization Committees ONLY)
ate of Receipt	Da	te of Receipt	Date of 1	Keceibi
)	Amount	Amount	0	Amount
		TO	TAL SECTION G)
ate of Receipt	H. Personal Funds of th	e Candidate Received	this Period (Candidate C	Committees ONLY) Amount
04/01/23	OCash	Personal Check	• Credit/Debit Card	\$518
nte of Reccipt	Method of payment: Cash	Personal Check	Credit/Debit Card	Amount 0
ate of Receipt	Method of payment:	Personal Check	Credit/Debit Card	Amount 0
nte of Receipt	Method of payment:	0	0	Amount
	O Cash	O Personal Check	O Credit/Debit Card TOTAL SECTION H	\$518
		I. Anonymous Con	tributions	
ai	Per Public Act 11-48, A			

immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I, MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)	TYPE	OF REPORT	
Surgeon For Council				
J	. Interest from Deposits in Au	thorized Accounts		
Name of Institution		Date Ro	eccived	Amount
Street Address	City	State	Zip Code	0
Name of Institution		Date R	eccived	Amount
Street Address	City	State	Zip Code	0
		TOTAL SECTION J	0	
K. Miscel	laneous Monetary Receipts no	t Considered Contrib	utions	
Name		I	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	0
Description				
Name		I	Date of Transaction	Amount Received
Street Address	City	State	Zip Code	0
Description				
Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	0
Description				
Name		}	Date of Transaction	Amount Received
Street Address	City	State	e Zip Code	0
Description			<u>_</u>	
	TOI	AL SECTION K 0		
SUMMARY	OF OTHER MONETARY RE	CEIPTS (Sections D	through K)	
Total Loans Received this Period (Section)			500	
Total Receipts from Entities other than Ind	ividuals or Other Committees (Section	on E) +	0	
Total Amount Transferred from Affiliated	Business Treasury (Section F)	+	0	
Total Amount Transferred from Affiliated	Labor Union or Other Organization	Treasury (Section G) +	0	- <u>-</u>
Total Amount of Personal Funds of the Car	didate Received this Period (Section	1 H) +	518	
Total Amount of Interest from Deposits in	Authorized Accounts (Section J)	+	0	
Total Miscellaneous Monetary Receipts not			0	
(Add Secti	Total of ons D through K) (Enter total on Line 1	Other Monetary Rec		

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Surgeon For Council		and a great firm to			27525	ander vice of the state			
	L1. Event	Inforn	nation						
Event # Date of Event Letter	Description				Was	this a fun	draising event?		
06/29/23 A	Tisane/Fundraiser					Yes	ON ₀		
Location: Street Address		City			<u> </u>	State	Zip Code		
537 Farmington Ave		Htfd				СТ	06105		
Subpart 1: (All Committ									
Was this event hosted at	a personal residence?	•	(If yes, go to Section L.: Associated with a Hot purchases made by hos	ise Party and comple	te requ	uired infor			
		⊙ No							
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)							
22 up 10 @200 of ficilis (10	The state of the s	No							
	sale, auction, or other sale of donated items	OYes	(If yes, enter Total Rec	eipts here.)	_				
with purchases from an in	ndividual of up to \$100?	O No	·		\$ ()			
Subpart 2: (Party Comn	nittees, Municipal Candidates and Political Comn				.elnt	Cuant !-	Dunguage Desi-		
sign associated with this	advertising space in a program book or on a fundraiser?	O Yes O No	(If yes, go to Section L or on a Sign and comp		_	-	гтодгаш воок		
Subpart 3: (Town Comi	nittees ONLY)								
	food or beverage at a fair or similar mass	O Yes	(If yes, enter Total Rec	eipts here.)	\$ 0)			
gainering neid within the	state with this fundraiser?	⊙ No			لــُـــ	- 			
		Service de Proces			0550000				
Event#	Description				Wa	s this a fin	ndraising event?		
Date of Event Letter	N/A					Oyes	O _{No}		
Location: Street Address		City				State	Zip Code		
Subpart 1: (All Committee	tees)						<u> </u>		
Was this event hosted at		O Yes	(If yes, go to Section L.						
		Associated with a House Party and complete required information for a purchases made by host(s) for food, beverage and invitations.)							
		O No	F						
Did this fundraiser include	le goods or services donated by a business entity	O Yes	(If yes, go to Section I		not C	onsidered	Contributions		
of up to \$200 or items do	nated by an individual of up to \$100?	O No	and complete required	information.)					
Was this fundraiser a tag	sale, auction, or other sale of donated items		(If yes, enter Total Rec	ceipts here.)					
with purchases from an i	ndividual of up to \$100?	_		·	• \$ ()			
Subnaut 2. (Dante Com	witten Musicipal Candidates and Dalitical Com-	No No	hon than Funlanatan	Committees)	_=				
Were there purchases of	nittees, Municipal Candidates and Political Comm advertising space in a program book or on a	nuices of Yes	(If yes, go to Section L	3 Purchases of Adve			Program Book		
sign associated with this		⊙ No	or on a Sign and com						
Subpart 3: (Town Com	nittees (NI.Y)	© 140		****			···		
Did your committee sell	food or beverage at a fair or similar mass	OYes	(If yes, enter Total Rec	eipts here.)	ر ۾ ر	<u> </u>			
gathering held within the	state with this fundraiser?	ONo			* [\$ (
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr		of Donated Items —	This Page 0					
			Subpart 3 <i>(Town Comm</i> 1 Food Purchases —						
		TOTAL	of additional Sectio	n L1 Pages 0					
	TOTAL OF ALL RECE		ROM SMALL PU						

				ttees are no longer requ r a sale of donated item			
NAME OF COMMITTEE	(Provide Complete Name as Registere	ed with Filing Reposito	(אָרזי	TYPE OF REPO	RT		
Surgeon For Council							
	L3. Purchases	s of Advertisin	ng in a Progra	m Book or on a Sign			
Name of Purchaser					Purcha	se Made By:	
None					OB	usiness Entity	Other
					Oin	dividual/Sole Pr	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ise 0	Amount of Sig	gn Purchase
Name of Purchaser						se Made By:	
Manie of Facinasei					1 _	usiness Entity	Other
						dividual/Sole Pi	-
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Ruents	Amount of Program Ad Purch		Amount of Sig	n Durcheea
Date Accessed	Bveia #	Aggregate 1 menases	tol All Events	Amount of Frogram Au ruicha	- 1	Amount of Sig	gn r ui chasc
	ļ 				0		
Name of Purchaser					۱ ــ	ise Made By:	
					1 =	usiness Entity	Other Other
G					O In	dividual/Sole P	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase 0	Amount of Sig	gn Purchase
Name of Purchaser	<u> </u>	<u> </u>		.l <u>. </u>	Purcha	ase Made By:	
					Ов	usiness Entity	Other
					O In	dividual/Sole P	roprictorship
Street Address			City	<u></u>	· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	1	Amount of Si	gn Purchase
					0		
Name of Purchaser					1	ase Made By:	
					_	usiness Entity	Other
Carrest A Ideans			Lev		UIn	dividual/Sole P	,
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
			nanananan manan dipermenanya silan esilend		0		
Shear and the second second	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book — This Page)		
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	sing on a Sign — This Page ()		
			TOTAL of 2	additional Section L3 Pages ()		
TOTA	L OF ALL PURCHASES O			AM BOOK or ON A SIGN A of Summary Page Totals))		

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repo	sitory)	TYPE	F REPORT			
Surgeon for Council			_					
	L4	. In-Kind Donatio	ns Not Consi	dered Contributions				
Name of Donor					<u> </u>			
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair l	Market Va	lue of Donation	
OBusiness Entity					0			
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Eve	nt			
O Bote Properties								
Name of Donor								
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation	
OBusiness Entity OIndividual					0			
OSole Proprietorship	Date Received	Event #		Aggregate Value for this Eve	nt			
Name of Donor								
Street Address	***************************************		City			State	Zip Code	
Succe reduces			CA,			5.2.0	Lip occo	
	In on					<u> </u>		
Donation Given By: Business Entity	Description of Donation				Fair	Market Va	lue of Donation	
Olndividual	Date Received	Event #		Aggregate Value for this Eve	Aggregate Volve for this Event			
OSole Proprietorship	Date Received	Dion #		riggiogate value for this 2.1	au.			
Name of Donor								
Ivaine of Donoi								
Street Address			City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Donation Given By:	Description of Donation					Maybat Ve	lue of Donation	
OBusiness Entity						INTAL BUC Y	nue or Donacion	
O Individual	Date Received	Event #		Aggregate value for this Eve	0			
O Sole Proprietorship								
			TIME OF LY 6					
5.00		3	UBIUIAL Sec	tion L4— This Page 0				
		TO	OTAL of addition	onal Section L4 Pages 0				
TO:	TAL OF ALL IN-KIN			O CONTRIBUTIONS Summary Page Totals)				

NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Repo	sitory)			TYPE OF REF	ORT	
surgeon For Council							
L5. I	n-Kind Donations Not Consider	red Contri	butions Associa	ted with a H	louse Part	y	
Name of Host				Is this event s	upporting mo	re than on	e candidate or
NONE				committee? (If yes, cor	Yes () No nplete Itemiza		endum L5
Street Address		City				State	Zip Code
				_			
Description of Donation					Fair Mari	ket Value o	f Donation
		, , , , , , , , , , , , , , , , , , ,			0		
Event #	Aggregate Value of this Event—all hosts	Aggregate V	alue of all Events—this ha	ost/candidate			
Name of Host							e candidate or
				committee? (Yes ONo mplete Itemiza		endum 15
Street Address	*	City		3,500,000		State	Zip Code
Description of Donation					Fair Mar	zet Volue o	f Donation
• 						Kei vaine o	1 Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate V	alue of all Events—this he	ost/candidate	0		
Name of Host				Is this event s	upporting mo	re than on	e candidate or
				committee?	Yes ONG)	
Street Address		City		If yes, con	mplete Itemiza	tion in Add State	Zip Code
		J. J. J. J. J. J. J. J. J. J. J. J. J. J				Diage	
Description of Donation						ket Value o	f Donation
Eyent #	Aggregate Value of this Event—all hosts	Aggregate V	alue of all Events—this he	ost/candidate	0		
Name of Host				Is this event s	upporting mo	ore than on	e candidate or
				committee?	⊖Yes ⊖No mplete Itemiza		endum I.5
Street Address		City		1) 500,000	improio Iteliuza	State	Zip Code
Description of Donation					Fair May	kat Valua a	f Donation
•						nei vaine u	1 гонацон
Event #	Aggregate Value of this Event—all hosts	Aggregate V	alue of all Events-this he	ost/candidate	0		
					1		
		SUBTOTA	AL Section L5 — '	This Page	0		
	7	FOTAL of a	dditional Section	L5 Pages	0		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on	法统治法律的 电电流运送 医视识别 医多生物管 医多生物管 化	DERED CONTRI mn A of Summary .	graniferation and market discourage and the figure	0		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Reg	gistered with .	Filing Repository)	0.000		TYPE O	FREPOI	RT		
Surgeon For Council	angangan Pipula at sa sa sa sa sa sa sa sa sa sa sa sa sa			A 3.47		Atseyarani isa	Sepale St	vedice inch	Aggaig e Bajila Gre-	
			M. In-Kind Con	tri	butions					
Name Dovonchiro "Tony" Moin										
Devonshire "Tony" Mein Street Address				Cit	·				State	Zip Code
38 Ashley St]	tfd				CT	06105
Type of contributor: OCommittee	Date Recei	ved	Aggregate Contributions	_	Description of In-Kind (Contribution	l			
OIndividual / Sole Proprietorship Oother	05/01/2	23	160		Bank account op	ening d	eposit	& tip to	staff@f	undralser
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor valued a	itributor or l t more than		ed v	With have a contract with Mayor No	th said mu	nicipalit	y		Iarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #							140			
Name Alice J. Gamble/Tisane										
Street Address				Cit	у		<u></u>		State	Zip Code
42 Aspen DSrive				1 '	. Glastonbury				СТ	06073
Type of contributor: Committee	Date Recei	ved	Aggregate Contributions	<u> </u>	Description of In-Kind	Contribution	1			<u>. </u>
OIndividual / Sole Proprietorship OOther	06/29/2	23	\$187.50		Donation of foo	d, soft d	rinks, s	taffing,	space	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No										
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062923 Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Ye										
Name										
John B. Kennelly/Tisane										
Street Address				Cit	-				State	Zip Code
95 Scarborough St				Н	tfd				СТ	06105
Type of contributor: OCommittee	Date Recei		Aggregate Contributions		Description of In-Kind			toffina	00000	
OIndividual / Sole Proprietorship Oother	<u> </u>		\$187.50	11.1.4	Donation of foo				·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a cand business he/she is associ n \$5,000?					,	of this	Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event # 062923	Yes No	If yes,	tor a principal of a state c indicate which branch or imment the contract is wit	bra				SYes No	\$187.5	90
			SUBTOTAL	Se	ction M — This Pa	ge \$51	5		****	
					onal Section M Pag	5.00006 xxx3400				· · · · · ·
TOTAL OF ALL IN-KIND CON	TRIRII	TIONS			Ψ.		15	1.37		
TOTAL OF AUDITERING CON			dable Deposit to T	SOA SOA						
Last Name of Individual	18	. reinil	First	CI	ерионе сошран	. y	1 T	ΜI	Date Deposi	it Made
None			1.1124				,			4000
			For			Gtat-	17:- C		L	
Residential Street Address			City			State	Zip Co	ae		Amount of Deposit
Name of Telephone Company									0	
Street Address			City			State	Zip Co	de		
	n ver			3539						
TOTAL SI	ECTION	N (Enter	total on Line 24, Columi	ı A	of Summary Page Tot	nis) 0				

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Restred appeary 2015			AND CONTRACT LINE OF CONTRACT OF THE CONTRACT	1274 P. H. L. C. C. C. C. C. C.	an program were naver before				
	FEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Surgeon For Cour									
	P. Expenses	Paid by Committee		18 (4 St. 1)					
Name of Payee			Date of Payment	Method of I					
Artwurks Unlimite	ed, LLC		06/30/23	O Debit Card OEFT					
Street Address		City		State	Zip Code				
423 Main St		Htfd		СТ	??????????				
Purpose of Expenditure	Description		Event #		Amount				
(by code) A-OTH	Design of w/QR code, logo, lawn sign, door h	angore	The Campalgn		Amount				
	Design of Wak code, logo, lawn sign, door to	angers	The Campaign	400					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below	_							
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con		ationOAOBOCOD						
Name of Payee		C Organiza	Date of Payment	Method of					
Shirley Surgeon			06/30/23	Check					
Street Address		City		O Debit	Card OEFT Zip Code				
Adam St		Hartford		СТ	06112				
		Tiditioid	T		00112				
Purpose of Expenditure (by code)	Description		Event #		Amount				
LOAN	LOAN Payment for initial deposit to Artwurks, LLC for design/office sup.								
Expenditure # (If applicable)									
(у аррисасле)	None of the below	^	•						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control to the con	_	ation OA OB OC OD						
Name of Payee	0	Organiza	Date of Payment	Method of	Payment:				
Bank of America			05/11/2023	Check					
Street Address		City		O Debit State	Card				
Park St Office		'		CT	Zip Code				
Paik 3t Office		Htfd							
Purpose of Expenditure (by code)	Description		Event#	}	Amount				
BNK	campalgn Checks		The Campaign	34					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required 1	unless "None of the below" i	s checked)	1					
(if applicable)	None of the below	·			!				
	Coordinated with reimbursement sought (joint expending) Coordinated without reimbursement sought (in-kind con								
Name of Payee	Coordinated without relinburscritent sought (m-kind con	(Tribution) Organiz	Zation A O B O C O D Date of Payment	Method of	Daymant				
FedEx			07/01/23	Check	•				
reuex			07/01/23	O Debit	Card © EFT				
Street Address	····	City		State	Zip Code				
544 Farmington	Ave	Htfd		CT	06105				
Purpose of Expenditure	Description		Event#	1	Amount				
(by code) OFFICE	Copying of completed contribution forms		The campaign	\$8					
Rynanditura #				- 0					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the below" i	s checked)						
	None of the below Coordinated with reimbursement sought (joint expenditu	are) (7) Indepen	ndent	ļ					
	Coordinated without reimbursement sought (in-kind con	tribution) Organiz	zation OA OB OC OD						
		SUBTOTAL Section P -	This Page \$960						
	Ţ	OTAL of additional Sect	ion P Pages \$317 to Day	Campaig	n				
	TOTAL OF ALL EXP								
	(Enter total on Li	ne 19, Column A of Summar	y Page Totals)						

NAME OF COMMITS	EB. (Provide Complete Name as Registered with Filing Reposito	n))	TYPE OF REPORT			
-angeon for court		penses Paid by Can	didate			
Name of Payee (Name of V	'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?	
Shirley Surgeon			07/0	• Yes • No		
Street Address		City		State	Zip Code	
Adams St		Htfd		СТ	0112	
Purpose of Expenditure	rpose of Expenditure Description		Event #		Amount	
(by code) LOAN	Repayment to candidate for initial deposit t	osit to Artwurks, LLC The campaign		500		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is rein	bursement claimed?	
			07/	0	Yes No	
Street Address		City		State	Zip Code	
Shirley Surgeon	_	Htfd		СТ	06112	
Purpose of Expenditure (by code)	Description		Event #		Amount	
OFFICE	Copying of blank contrib. forms and pens		Ongoing	\$18		
Name of Payee (Name of)	/ endor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	nbursement claimed?	
		·		0	Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
(dy code)				0		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment Is reimbursement of		nbursement claimed?	
				0	Yes O No	
Street Address		City		State	Zip Code	
	4					
Purpose of Expenditure (by code)	Description		Event #	Amount		
<u>.</u>				Ů		
Name of Payee (Name of V	endor, Person or Entity who caudidate paid directly)		Date of Payment	Is reimbursement claimed?		
				0	Yes No	
Street Address		City	City		Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
					0	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reir	nbursement claimed?	
				0	Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description		Event#		Amount	
(by code)				0		
		SUBTOTAL Section (Q — This Page 518			
	7	FOTAL of additional Se	ction Q Pages 0			
		XPENSES PAID BY C				

IV. EXPENDITURES (Sections P-T)

	EE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Surgeon For Coun	entre conservation and the conservation of the	atinaka di 1900, kama tangga menggalangan ang palaman di 1900 mata at 1800 m				
	R. Expenses Incurre	ed on Committee Cre	dit Card			
Name of Issuing Institution Type of Credit Card:						
N/A		O Visa O Master C	ard ODiscover OAmer	ican Express	Other:	
Name of Vendor, Person or Entity				Date of Transaction		
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#	0	Amount	
Expenditure # (if applicable)						
Name of Vendor, Person or Entity					Date of Transaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	· · ·	Event#	0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	diture) O Indepe				
Name of Vendor, Person of	r Entity			Date of T	ransaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of	diture) Indepe		0		
	S	UBTOTAL Section R —	This Page 0			
	ТО	TAL of additional Section	R Pages 0			
ТО	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CRED ne 27, Column A of Summary				

NAME OF COMMITT	BE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Surgeon For Cour							
	S. Expenses Incurred by Comi	nittee but Not Paid	During this Period				
Name of Creditor					red		
None							
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought reimbursement sought (in-kind coordinated without reimbursement sought reim	ture) Indep	is checked) endent ization: OA OB OC OD	0			
Name of Creditor			i i i i i i i i i i i i i i i i i i i	Date Incur	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)					0		
Name of Creditor				Date Incur	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co	Indep	is checked) endent ization: \(\rightarrow \ \rightarrow B \) \(\rightarrow C \) \(\rightarrow I \)	0			
		SUBTOTAL Section	S-This Page 0				
	.1	FOTAL of additional Sec	ction S Pages 0				
TOTAL OF ALL 1	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BU ine 28, Column A of Summ					
	Previously reported Exp	enses Unpaid and still C	Outstanding 0				
	TOTAL OF ALL EXPENSES INCURREI (Enter total on Liv) BY COMMITTEE BU ne 28a, Column A of Summ	, director resolver according to a resolver and a second				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	y)	TYI	E OF RE	PORT		
Surgeon For Counc	il						
	T. Itemization of Reiml	oursements and Secon	dary Pay	vees			
Last Name of Worker/Const		First		A constitution of the con-	MI	Date of Pay	ment to Vendor,
None						Person or E	ntity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Committee Wor	rker/Consultant as
				Chec	Section P:	_ Q Debit	Card OEFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City				State Z	Cip Code
Purpose of Expenditure (by code)	Description		Event #			A1	nount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed unless "None of the below"	is checked)			J	
	None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditure)	ization: O A	O C			
Last Name of Worker/Const	uitant	First			МІ	Date of Pay	ment to Vendor,
						Person or E	ntity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant		:			Committee Wor	rker/Consultant as
			•	Chec	ı Section P; :k #	_ O Debit	Card OEFT
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City				State 2	Lip Code
Purpose of Expenditure (by code)	Description		Event #			Aı	mount
(o) code)						0	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe		is checked) endent	O C) O		
Last Name of Worker/Cons	ultant	First			MI	Date of Pay Person or E	ment to Vendor, ntity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Section P:	Committee Wo	rker/Consultant as
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City					Lip Code
Purpose of Expenditure	Description		Event#				
(by code)	Description		EVCIR #			0 A	mount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed unless "None of the below"	is checked)			Ü	
(у иррисшие)	O None of the below	•	,				
	Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind		endent O ization: o A	O_{B}) C o D		
		SUBTOTAL Section T -	— This Pa	ge O			·
TOTAL of additional Section T-Pages 0							
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS \$712.00							