SEEC FORM 20

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

evised January 2015

Do Not Mark in This Space For Official Use Only

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE								
Tiana for Hartford							P-3	
2. TREASURER NAME						\$	(5.5) (5.9)	
First		MI		Last				Suffix
Camryn				Kessler		en erspesieren erste erste 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	-	
3. TREASURER ADDRESS Street Address			City			Totale India	The second secon	
73 Imlay St			1 '	tford		State -	Zip Co 0610	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	le only l	if Candidat	te Committee)	N.	1 6 7 7	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	City Council					Control of the Contro	(if applicable)	<u> </u>
7. CANDIDATE NAME (Complete only if	Candidate or Explorato							•
First Tiana	l	MI		Last Hercul	امر		!	Suffix
8, TYPE OF REPORT (Check One Box)								1
O January 10 filing	7th day preced	ding primar	v	7ti	h day preceding referendum	☐ Initial Cont	tribution or	r Disbursement
OApril 10 filing	_	O30 days following primary		_	days following referendum	(PACs ONLY)	9	
OJuly 10 filing	O7th day preced			O De:		Amendmen Type of Rep		
October 10 filing	12th day prece	eding election	on	O Te	ermination			
O24 Hour Independent Expenditure OPrimary OElection	(State Central Con O45 days follow not held in No	wing election				<u></u>		
9. PERIOD COVERED								
	Beginning Dat	te			Ending Date			
u -	July 1, 2023		_	thru	September 30, 2023			
10. CERTIFICATION								
I hereby certify and state, under portion of the perting the perting of the perting of the perting the pe	ariod covered is to					is Itemized Can	mpaign Fin	<u>012023</u>

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	4,927.50	
13. Contributions Received from Individuals (Sections A and B)	3,131.00	8,379.00
14. Receipts from Other Committees (Sections C1 and C2)	775.00	775.00
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3,906.00	9,154.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	8,833.50	9,154.00
19. Expenses Paid by Committee (Section P)	1,622.10	1942.60
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	7211.40	7211.40
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	450.00	450.00
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	41.46	419.10
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide Complete Name as Regi	istered with Filing Repository)			TYPE OF REPORT		
Tiana for Hartford				Oct 10		
A. Total Contributions from Small Contributions for definition of Small Contribution of Small Contributions for definition of Small Contributions from Small C			s Period ONLY DTAL SECTION A	\$		
Last Name	B. Itemized Con	ntribu Firs	tions from Indivi	duals		MI
Fell		Je	nnifer			
Residential Street Address		City Moth	orefield		State	Zip Code
39 Spring St		wetn	ersfield		СТ	06109
Principal Occupation Business Consultant		Name of Employer ROOT & PIVOT				
		didate for a chief executive intended with have a contract OYes ONo		y, Amo \$50	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	tate con ch or b t is with	tractor or prospective stateranches: ©Executive	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card OF	Payroll Deduction OMoney		7/14/23	\$50		
Last Name Fowler		Firs Re				MI
Residential Street Address	1	City			State	Zip Code
35 Vineland Terr		Hartfo	ord		СТ	06112
Principal Occupation			Name of Employer			
Nonprofit staff member			Hartford Communit	ty Loan Fund		
or dependent child of a lobbyist? On loos co	ribution is in excess of \$400 to ontributor or business he/she i at more than \$5,000?				5 Amo \$75	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	s contributor a principal of a s If yes, indicate which brar of government the contrac	_				
Method of Contribution:				Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OP	Payroll Deduction OMoney	Order	7/15/23	\$7 5		
Last Name Victor		First Te	nisha			MI
Residential Street Address	-	City			State	Zip Code
112 Robin Rd		Neptu	ine		NJ	07753
Principal Occupation			Name of Employer			
Operations			Ayr			
or dependent child of a lobbyist? ONO does co	ribution is in excess of \$400 to ontributor or business he/she i at more than \$5,000?				\$250	unt 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?					
Method of Contribution: Cash Personal Check Credit/Debit Card Personal Check	Payroll Deduction Money	Order	1	Aggregate Contributions \$250		
		I	Section B — This	Page \$375		
			litional Section B P			
TOTAL OF ALL CO	ONTRIBUTIONS FROM	INDI		+ B) 43130		
	Line iomi on Line 1.	```				

NAME OF COMM Tiana for Hartfor	NTEE <i>(Provide Comple</i> d	te Name as Register	ed with Filing Reposi	(ory)		TYPE OF REPORT October 10		
		C1.	Contributio	ns from O				
Name of Committee District 1199 SEI	U PAC - SEIU CT				Name of Trea			
Address 77 Huyshope Av	'e			Is this contri	ed in Section L	ted with an OYes ONo A? list Event #	Amount of	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Hartford		СТ	06106	9/18/20	023	\$375		
Name of Committee Matt Ritter PAC				L	Name of Trea			
Address 83 Oxford St				Is this contri	ed in Section L	ted with an Ycs ONo .1? list Event #	*150	f Contribution
City		State	Zip Code	Date Rece			···-	
Hartford		СТ	06105	8/7/202	23	\$150 ·		
Name of Committee		<u> </u>		I	Name of Trea	surer		
Power of Wome	n PAC		Robert Bo	ourne				
Address		**** <u>*</u> *****			this contribution associated with an Yes No Amount of Contr			
17 Red Orange F	17 Red Orange Rd				ed in Section L If yes, l	.1? list Event #	\$250	
City	ty State Zip Code			Date Recei	ved	Aggregate Contributions		
Middletown		CT 06457 8/12/2			023	\$250		:
	C2. F	Reimbursem	ents or Surpl	us Distribu	ıtions fron	n other Committees		
Name of Committee					Name of Trea	surer		
Address			· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Typ	ement for shared e	expense OS	urplus Distribu	ution	Amount	of Receipt
Description		<u> </u>				9// P		
Name of Committee					Name of Treas	surer		
		W	***************************************					
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Ty	•			-	Amount	of Receipt
		OReimbi	rsement for shared	i expense O	Surplus Distri	bution		
Description								
			SUBTO	TAL Sectio	n C — This	s Page		
			TOTAL	of additiona	l Section C	Pages		
			ITTEE CONT er total on Line 14					
	di							

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repos	sitory)	•	TYPE OF	REPORT	
Tiana for Hartford				Octobe		
	D, Loan	s Recei	ved this Period	1		
Name of Lender			Source of Loan:			Date of Receipt
			OBank OCa	ndidate 🔘 Individua	Other Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	·					Amount Received
Street Address	City			State	Zip Code	
						,
Name of Lender			Source of Loan:		. 48	Date of Receipt
			OBank OCa	ndidate O Individua	Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?
						O Yes O No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan:		1 O Oshan	Date of Receipt
			OBank Oca	ndidate 🔘 Individua	Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					•	Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECT	WOND		
			TOTAL SEC	HOND		
E. Receipts from Entit	ies other than Indix	 vidnale	or Other Com	mittees <i>(Roforo</i> s	dum Committe	es ONI VI
Name of Entity				THE COST (NE) ETC.		304,023
·						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity			L			
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity						
*treat Address				Date Received	J	Amount Beart - 3
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
~~			1	Aggregate Contino	uniOH0	
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			TOTAL SECT	CECANI IS		

Page 6 of 17

NAME OF COMMITTEE (Prov	vide Complete Name as Regist	ered with Filing I	Repository)		TYPE OF REPORT	
Tiana for Hartford					October 10	
	ount Transferred	from Affil	iated Bu	siness Treasury (Busin	ess Entity Committees	ONLY)
Date of Receipt	Is this transaction associ		8Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associ event reported in Section		8Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associ		8Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associ		8Yes No	If yes, list Event #		Amount
				TOTAL SECTION	(F	
G. Amount Transf	erred from Affilia	ted Labor	Union o	r Other Organization	Treasury (Organiza	ntion Committees ONLY)
Date of Receipt		Date of Receipt			Date of Receipt	
Amount			. A	mount		Amount
				TOTAL SECTION (G	
Н. Л	Personal Funds of	the Candid	date Rec	eived this Period <i>(Can</i>	didate Committees ON	ILY)
Date of Receipt	Method of payment:					Amount
	O Cash	O	Personal Che	ck Credit/Debit C	Card	
Date of Receipt	Method of payment:					Amount
	O Cash	O	Personal Che	ck Credit/Debit C	Card	
Date of Receipt	Method of payment:					Amount
	O Cash	O F	Personal Che	cck Credit/Debit C	Card	
Date of Receipt	Method of payment;					Amount
	O Cash	O P	Personal Che	ck Credit/Debit C	Card	
				TOTAL SECTIO	ON H	
		I. An	onymou	s Contributions		

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

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Revited January 2015	I. MONE TARY RECEIPTS			rage , or i ,
NAME OF COMMITTEE (Provide Complete N	ame as Registered with Filing Repository)	.,,,	OF REPORT	
Tiana for Hartford		Octob	er 10	
	J. Interest from Deposits in Author	rized Accounts		
Name of Institution		Date Re	ceived	Amount
Street Address	City	State	Zip Code	
		Date Re	aciyad	A
Name of Institution		Date Re	cervea	Amount
Street Address	City	State	Zip Code	
	'			
	TO	TAL SECTION J		
		TAL SECTION 3		
K. Mi	scellaneous Monetary Receipts not Co		Disputation of the property of the state of	
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Steet Address				
Description		. <u> </u>		
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
51000 / 1011112				
Description	-			
Name		Di	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	\dashv
Description	***************************************	1	•	
		In	nte of Transaction	
Name			ne of Hansaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTAL S	SECTION K		11 - MI-III MARKA
SUMMAR	Y OF OTHER MONETARY RECEI	PTS (Sections D th	rough K)	
Total Loans Received this Period (Secti	ion D)			
· · · · · · · · · · · · · · · · · · ·	Individuals or Other Committees (Section E)	+		- Autr
Total Amount Transferred from Affilia	ted Business Treasury (Section F)	+		
Total Amount Transferred from Affilia	ted Labor Union or Other Organization Treas	sury (Section G) +		
Total Amount of Personal Funds of the	Candidate Received this Period (Section H)	+		
Total Amount of Interest from Deposits	in Authorized Accounts (Section J)	+		
V-1/41 -:-	not Considered Contributions (Section K)	+		
Total Priscenaneous Pronetary Receipts				
(Add S	Total of Othe ections D through K) (Enter total on Line 15, Colu	er Monetary Recei mn A of Summary Page To		

NAME OF COMPARED	on the contract of the second	TVDE-OF DEPONT						
Tiana for Hartford	(Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT October 10						
- and for hardord	F1 Evon	t Information						
Event#	Description Description	· mormaton						
Date of Event Letter 081323A	House Party		Was this a fu O Yes	ndraising event?				
Location: Street Address		City	State	Zip Code				
27 Ellington St		Hartford	CT	06106				
Subpart 1: (All Committee Was this event hosted at a		 Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No 						
	e 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.) No						
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Receipts here.)						
with purchases from an in	dividual of up to \$100?	⊙ No	\$					
Were there purchases of a sign associated with this				Program Book				
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo						
Event #	Description			1 11				
Date of Event Letter 081923A	House Party		Was this a fur OYes	ndraising event? ONo				
Location: Street Address		City	State	Zip Code				
253 Freeman St		Hartford	CT	06106				
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L.5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No						
	e 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.) No						
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Receipts here.) No	\$					
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a fundraiser?			Program Book				
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Receipts here.) ONo	\$					
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This Page						
	SUBTOTAL Secti	ion L1—Subpart 3 <i>(Town Committees ONLY)</i> ipts from Food Purchases — This Page						
		TOTAL of additional Section L1 Pages						
		IPTS FROM SMALL PURCHASES Line 16a, Column A of Summary Page Totals)						

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

					on-market Mark		
	E (Provide Complete Na	ne as Registered with Filing Reposi	lory)	TYPE OF REPO	ORT		
Tiana for Hartford		•		October 10	ar war at the		
	L3. F	urchases of Advertisi	ng in a Prog	ram Book or on a Sign			
Name of Purchaser					Purcha	se Made By:	
					OB	isiness Entity	Other
					OIn	dividual/Sole P	roprietorship
Street Address		· · · · · · · · · · · · · · · · · · ·	City	· ·		State	Zip Code
	T	La Data	C A 11 72	1		1	<u> </u>
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	iase	Amount of Si	gn Purcnase
Name of Purchaser			*****		Purcha	se Made By:	
					OBu	siness Entity	Other
					1 =	tividual/Sole P	_
Street Address		****	City			State	Zip Code
			'				
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
N CD 1					Duroho	se Made By:	
Name of Purchaser					1 _	se made By. Isiness Entity	Other
					1 =	ismess Emity lividual/Sole P	_
C	· vane-		I circ.		I O m	State	Zip Code
Street Address			City	•		State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
			•				
Name of Purchaser						se Made By:	
					_	siness Entity	Other
				·	OInc	lividual/Sole P	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
240 10001100		1-90. 8		B		-	
	ļ						
Name of Purchaser					Purchas	e Made By:	
				•	OBu	siness Entity	Other
					Olno	lividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Deta Descion 1	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	969	Amount of Sig	n Durahasa
Date Received	Even #	Aggregate rutchases	ioi Ali Evenis	Ambum of Frogram Au Furen	ase	Amount of Sig	ii i ui chase
	1			n n n n n			
	SUBTOTAL Sec	ction 1.3-1 otal Purchases of	Advertising in	Program Book — This Page			,
	empro	TAI Section In Total Dune	hases of Adver	tising on a Sign — This Page			
	OUB10	TALL DECUME IN TOTAL FURN	Justo VI AUVEL	innes on a bign - I mo i ago			
			TOTAL of	fadditional Section L3 Pages			
TOTA	AL OF ALL PURC			RAM BOOK or ON A SIGN			
		(Enter total on	Line 16c, Colum	n A of Summary Page Totals)			

NAME OF COMMITTI	BE (Provide Complete Name o	s Registered with Filing Repos	ilory)	TYPE OF REP	ORT		
Tiana for Hartford				October 10			
	L4	l. In-Kind Donation	ns Not Cons	sidered Contributions			
Name of Donor							
Street Address			Lov			04-4-	Zin Code
Street Address			City			State	Zip Code
	Taaa						
Donation Given By: Business Entity	Description of Donation				Fair I	Market V	alue of Donation
OIndividual	Date Received	Event #		Aggregate Value for this Event			
O Sole Proprietorship	Date Received	E YOAN R		Aggregate value for this Divin			
Name of Donor		1		, I			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		1		Fair I	Aarket V	alue of Donation
Business Entity							
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
Solie Proprietoiship	<u></u>						
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation				Fair I	Market V	alue of Donation
OIndividual	Date Received	Event #		Aggregate Value for this Event			
O Sole Proprietorship	Date Received	Event #		Aggregate value for this Lvein			
Name of Donor							
Name of Donor							
Street Address			City			State	Zip Code
			5.05				
Donation Given By:	Description of Donation				Fair N	Narlzat V	due of Donation
OBusiness Entity					Ран	Talket V	ilde of Youation
O Individual	Date Received	Event#		Aggregate value for this Event	\dashv		
O Sole Proprietorship							
	L	COL	BTOTAL S	Han I 4 This Dara	, l		
		SU	BIOTAL Sec	tion L4 — This Page			
		TO	ΓAL of addition	onal Section L4 Pages			
TO	CAL OF ALL IN VIN	DONATIONS NOT	ONGHORDE	CONFEDENTIONS			
10.	CAL OF ALE IN-KINI	DONATIONS NOT C (Enter total on Line 21)		4/4/2009/2009/2009/2009/2009/2009/2009/2			

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing R	epository)			TYPE OF RE	PORT		
Tiana for Hartford					October 10			
	L5. In-Kind Donations Not Consid	lered (Contributions Associ	ated with a	House Par	ty		
Name of Host							one candidate or	
Wildaliz Bermudez				1	OYes ON			
Street Address			City			State	Zip Code	
27 Ellington St			Hartford			СТ	06106	
Description of Donation food and drink					Fair Ma	rket Valu	e of Donation	
	· · · · · · · · · · · · · · · · · · ·		. 11. 6 15		\$75			
Event # 081323A	Aggregate Value of this Event—all hosts \$75	1.	ggregate Value of all Events <i>—this :</i> 75	hosf/candidate				
Name of Host							one candidate or	
Alex Thomas					OYes ON		ddendum I S	
Street Address	And the second s		City	19 900,	complete runnz	State	Zip Code	
253 Freeman St			Hartford			СТ	06106	
Description of Donation	construction and the second Add Spine				Fair Mar	rket Valu	e of Donation	
food and drink	\$75	inct valu	c or Bong(ion					
Event #	Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate							
081923	\$75	\$7	7 5					
Name of Host	t supporting m	ore than	one candidate or					
Polly Moran					OYes ONo complete Itemization in Addendum L5			
Street Address	- Andrews		City	i i yes, c	complete Memaz	State	Zip Code	
104 Whitney Ave			Hartford			СТ	06106	
Description of Donation food and drink					Fair Market Value of Donation \$75			
	Aggregate Value of this Event—all hosts		gregate Value of all Events—this I					
Event # 091723A	\$75	\$7		wsveanuauie				
Name of Host				Is this event	supporting me	ore than	one candidate or	
Camryn Kessler				committee?	OYes ON	o		
Street Address	And the state of t		City			State	Zip Code	
73 Imlay St			Hartford			СТ	06105	
Description of Donation food and drink						ket Value	e of Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate	\$75			
092223A	\$75	\$7	5					
	\$300							
		TOTA	L of additional Section	L5 Pages	\$150			
	L OF ALL IN-KIND DONATIONS N TH A HOUSE PARTY (Enter total or		ONSIDERED CONTRI		\$450	,		
	(Bine iout of				I			

SEEC FURIN 20 Revised January 2015	u. NON		NETAK:	Y REC	Æ.	IPTS (Section	ns M—	-O)		rage 12 01 17
NAME OF COMMITTEE (Provide Complete	Name as Regis	stered with	Filing Repository	ツ			The Mark the sections	F REPORT		
Tiana for Hartford							Octobe	r 10		
			M. In-Ki	ind Con	tril	butions				
Name										
Street Address					City				State	Zip Code
					`					
Type of contributor: Committee	Date Receive	d	Aggregate Con	tributions	<u> </u>	Description of In-Kind	Contributio	n		
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribu does contr valued at 1	ibutor or	business he/she	to a candid	ed w	for a chief executive of the have a contract wing Yes No	fficer of a th said mu	municipality, micipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal indicate which ernment the con	branch or	bra	actor or prospective stanches Executive	_	O No		
Name										
Street Address					City				State	Zip Code
					,					
Type of contributor: Committee	Date Receive	d	Aggregate Cont	tributions		Description of In-Kind	Contribution	n		<u>i</u>
OIndividual / Sole Proprietorship OOther										
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 No										Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of indicate which trument the con	branch or	brai	ctor or prospective stanches Executive	_	ONo		·
Name	•									
Street Address					City				State	Zip Code
Type of contributor: Committee	Date Receive	d	Aggregate Cont	ributions		Description of In-Kind	Contribution	1		
OIndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		tributor or	business he/sh			for a chief executive with have a contract w				Market Value s Contribution
Is this contribution associated with an	O Yes Is	s contribu	tor a principal			ctor or prospective sta	te contrac	tor? OYes		
event reported listed in Section L1? If yes, list Event #	O No		indicate which rnment the con			1ches Executive	Legisla	ONo ntive		
			SUE	TOTAL	Sec	tion M — This Pa _l	je			
			TOTA	L of addi	itio	nal Section M Page	s.			
TOTAL OF ALL IN-KIND CON	TRIBUTI	IONS (E	Enter total on Li	ne 23, Colu	mn /	d of Summary Page To	tals)			
	N	Refun	dable Deno	sit to T	ele	phone Compan	v			
Last Name of Individual	2.44			First	intina.		V	МІ	Date Depos	it Made
Last radiic of ilitividual				1 1131						
Residential Street Address			City				State	Zip Code		Amount of Deposit
Name of Telephone Company						W-444			\dashv	
Street Address			City				State	Zip Code		
mon. v ov	CONTRACTOR	100 (100 (100 (100 (100 (100 (100 (100						<u> </u>		
IUIALSI	SCIION [N (Enter	total on Line 2	4, Column	A oj	f Summary Page Tota	is)			

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT Tianafor Hartford	TBE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT October 10		
	P. Expenses	Paid by Committee			
Name of Payee		atorio (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900	Date of Payment		of Payment:
Anedot			var	O Che	
Street Address		City		O Deb State	it Card © EFT Zip Code
1340 Poydras St,	Suite 1770	New Orleans		LA	70112
Purpose of Expenditure (by code) WEB	Description fundraising fees		Event #	Amount \$114.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont				
Name of Payee Joel Cintron			Date of Payment 8/31/23		
Street Address		City -	!	State	Zip Code
52 Clifford St, Apt	3	Hartford		СТ	06114
Purpose of Expenditure (by code) MISC	Description Videography		Event #	\$240	Amount
Expenditure # (ff 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	re) [Independe	·		
Name of Payce			Date of Payment		f Payment:
CV Media, Inc.			9/8/23	O Chec	
Street Address	1.0 (_{1.0} 1 _{1.0} 1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0	City		State	Zip Code
18 Quarry Rd		Simsbury		СТ	06070
Purpose of Expenditure (by code) A-WEB	Digital advertising		Event #	\$500	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind control of the	rre) Independ	·		
Name of Payee Katlynn Watson			Date of Payment 9/8/23	Method of Chec	
Street Address	- All Marketing Colors	City	•	State	Zip Code
26 Racebrook Dr		East Hartford		СТ	06108
Purpose of Expenditure (by code) WAGE	Description Canvasser pay		Event #	\$120	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) Q Independe			
	s	SUBTOTAL Section P — '	This Page \$974.40		
	10	'TAL of additional Section	P Pages \$647.70		
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COMI	MITTEE \$1622.10		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered v	vith Filing Repository)	TYPE OF REPORT	
Tiana for Hartford			October 10	
	Q. C.	ampaign Expenses Paid b	y Candidate	
Name of Payee (Name of I	endor, Person or Entity who candidate paid dir	ectly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	,			
Name of Dayes (Many of I	 Vendor, Person or Entity who candidate paid dir	nest ful	Date of Payment	7
rame of rayee (rame of r	emuor, Leison of Emily who Cumumate punt un	ecny	Date of Fayment	Is reimbursement claimed?
Start A 2 land	110 F-100 - L	Late		O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payce (Name of I	vendor, Person or Entity who candidate paid dir	rectly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address	**************************************	City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payee (Name of)	 /endor, Person or Entity who candidate paid dir	ectly)	Date of Payment	Is reimbursement claimed?
	•			O Yes O No
Street Address		City		State Zip Code
				Dialo Dip cour
Purpose of Expenditure	Description		Event#	Amount
(by code)	Description		Eveny #	Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid dir	ecily)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid dir	ectly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address	······································	City	I	State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
		SUBTOTAL Sec	tion Q — This Page \$41.46	
		TOTAL of addition	al Section Q Pages	-
	TOTAL	OF ALL EXPENSES PAID	BY CANDIDATE \$41.46	
		Enter total on Line 26, Column A of		

NAME OF COMMIT	TBE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REP October 10	ORT	
5, , , , , , , , , , , , , , , , , , ,		ses Incurred on Committee			
Name of Issuing Inst		Type of Credit Card:	goronomi (Anna Arrago (Anna 2004) Carrago (Ann		
		O Visa OMa	aster Card ODiscover C	American Express	o Other:
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	ght (joint expenditure)	elow" is checked) Independent Organization OA OB OC	СОВ	
Name of Vendor, Person	or 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 Addendary None of the below Coordinated with reimbursement sough Coordinated without reimbursement sets.)	zht (joint expenditure)	Independent Organization OA OB OG	с Ор	
Name of Vendor, Person o	or Entity		4	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 Addendated None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	tht (joint expenditure)	ndependent	с Ов	
		SUBTOTAL Section F	R — This Page		
		TOTAL of additional Se	ction R Pages		
ТО	TAL OF ALL EXPENSES INCUI (Ente	RRED ON COMMITTEE CF er total on Line 27, Column A of Sumi			

NAME OF COMMIT	TBE (Provide Complete Name as Registered)	with Filing Repository)	TYPE OF REPO	RT	
Tiana for Hartford	d		October 10		
	S. Expenses Incu	rred by Committee but Not Pai	d During this Period	đ	
Name of Creditor				Date Incu	urred
Street Address	PARAMA.	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	4	nount Incurred stimate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement and Coordinated without reimbursement	sought (joint expenditure)	ependent anization: OA OB OC	Op	
Name of Creditor				Date Incu	rred
Street Address	200-00-00-00-00-00-00-00-00-00-00-00-00-	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adda None of the below Coordinated with reimbursement second Coordinated without reimbursement Second None Of the Second None Of	sought (joint expenditure) Orga	"is checked) ependent unization: A B OC	Op	
Name of Creditor				Date Incu	rred
Street Address	9 - PR-F (PATE)	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Adda None of the below Coordinated with reimbursement second Coordinated without reimbursement second Coordinated with reimbursement second Coordinated without reimbursement second Coordinated Coor	sought (joint expenditure) Orga	ependent on ization: OA OB OC	Оъ	
		SUBTOTAL Section	n S-This Page		
		TOTAL of additional S	ection S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COM	IMITTEE DURING THIS PERIOD BU (Enter total on Line 28, Column A of Sumi			
	Previous	sly reported Expenses Unpaid and still	Outstanding		
	TOTAL OF ALL EXPENS	SES INCURRED BY COMMITTEE B (Enter total on Line 28a, Column A of Sumn			

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposit	tory)		TY	PE OF F	REPORT		
Tiana for Hartford				Oc	tober '	10		
	T. Itemization of Rein	ıbursements	and Second	dary Pa	yees			
Last Name of Worker/Con	sultant	First				MI	Date of Payment Person or Entity	to Vendor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant						Committee Worker/	Consultant as
					<u> </u>	f in Section P: neck #	_ O Debit Care	d OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State Zip C	ode
Purpose of Expenditure (by code)	Description			Event #			Amou	nt
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requestion None of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kin	penditure)	O Indeper	ident O	0	O O D		
Last Name of Worker/Con	sultant	First				MI	Date of Payment Person or Entity	to Vendor,
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant				reported	t to Reimburse in Section P:	Committee Worker/C	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State Zip Co	ode
Purpose of Expenditure (by code)	Description			Event #			Amour	nt
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint experiment) Coordinated without reimbursement sought (in-kin	oenditure)	O		О 0 В	O O O		
Last Name of Worker/Cons	sultant	First				MI	Date of Payment Person or Entity	to Vendor,
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant	<u> </u>				in Section P:	Committee Worker/C	
Street Address of Vendor, l	Person or Entity Paid by Committee Worker/Consultant	City			<u> </u>		State Zip Co	
Purpose of Expenditure (by code)	Description			Event #			Amou	nt
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	enditure)	Independent	ident O	O _B (O O		T T T T T T T T T T T T T T T T T T T
		SUBTOTAL	L Section T —	This Pa	ge			
		TOTAL of ad	ditional Secti	on T Pag	es			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSU	JLTANI	rs			

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Section B ADDITIONAL PAGE 1 of 14

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	Repository)		TYPE OF REPORT		
Tiana for Hartford	October 10				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$		
B. Item	ized Contr	ibutions from Indiv	iduals		
Last Name Packnett		First Dwan			MI
Residential Street Address	Cir.	<u> </u>		I 64-4-	Tria Cada
4 Chiswick Rd	City Bo	ston		State MA	Zip Code 02135
Principal Occupation		Name of Employer		<u></u>	<u>.</u>
VP Government Relations		Sira Naturals d/b/a	Ayr		
	ness he/she is as	candidate for a chief executive sociated with have a contract OYes ONo		7, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a print of the prin		contractor or prospective sta or branches	te contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Ord	ler 8/3/23	\$250		
Last Name		First		-	MI
Lewis		Diane		<u> </u>	
Residential Street Address 69 Congress St	City Ha	rtford		State CT	Zip Code 06114
Principal Occupation	1114	Name of Employer			00114
Case Manager		Building Trades Tra	aining Institute		
	ness he/she is as	candidate for a chief executive sociated with have a contract Yes No		, Amo	unt of Contribution
event reported in Section L1? ONO If yes, indicate	incipal of a state which branch t the contract is		te contractor? O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Ord		\$20	<u> </u>	
Last Name Williams Fender		First Shayla			MI
Residential Street Address 133 Griswold Rd	City We	ethersfield		State CT	Zip Code 06109
Principal Occupation	<u> </u>	Name of Employer			ī
Technology Consultant		Slalom			
	ness he/she is as:	candidate for a chief executive sociated with have a contract Yes No		, Amoi	unt of Contribution
event reported in Section L1?			e contractor? O Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney Orde	Date Received 8/3/23	Aggregate Contributions \$25		
	SUBTOT	'AL Section B — This	Page \$375.00		
	TOTAL of	additional Section B I	ages \$2755.00		
TOTAL OF ALL CONTRIBUTION (Enter total)		DIVIDUALS (Sections A olumn A of Summary Page			

Section B ADDITIONAL PAGE 2

of ¹⁴

NAME OF COMMITTEE (Provide Complete Name as Registered w	with Filing Repository)	TYPE OF REPORT	
Tiana for Hartford	October 10		
A. Total Contributions from Small Contr (See instructions for definition of Small Contributor)	ributors-Received this Period ONLY SUBTOTAL SECTION A	\$	
В	3. Itemized Contributions from Indivi	duals	
Last Name Ganong	First Sarah		MI
Residential Street Address	City	S	tate Zip Code
72 Hamilton St	Hartford	C	T 06106
Principal Occupation State Party Director	Name of Employer CT WFP		
or dependent child of a lobbyist? O No does contribut	n is in excess of \$400 to a candidate for a chief executive tor or business he/she is associated with have a contract te than \$5,000?		Amount of Contribution \$50
event reported in Section L1? No If yes	butor a principal of a state contractor or prospective states, indicate which branch or branches overnment the contract is with:	e contractor? Yes No	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll	Deduction OMoney Order 8/9/23	Aggregate Contributions	
Last Name Elliott	First Joshua		MI
Residential Street Address 59 MacArthur Dr	City Hamden	Si C	ate Zip Code T 06437
Principal Occupation	Name of Employer		
Owner	Thyme and Season		
	n is in excess of \$400 to a candidate for a chief executive for or business he/she is associated with have a contract e than \$5,000? Yes No		Amount of Contribution \$50
event reported in Section L1? O No If yes	butor a principal of a state contractor or prospective states, indicate which branch or branches covernment the contract is with:	e contractor? Yes No Legislative	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll I	Deduction Money Order 8/9/23	Aggregate Contributions \$100	
Last Name Bermudez Zimmerman	First Eva		MI
Residential Street Address	City	St	ate Zip Code
39 Greenview Rd	New Milford	C	1 .
Principal Occupation Director of Organizing and Childcare	Name of Employer CSEA SEIU		
	n is in excess of \$400 to a candidate for a chief executive for or business he/she is associated with have a contract e than \$5,000? Yes No		Amount of Contribution \$250
Is this contribution associated with an event reported in Section L1? Yes No If yes	outor a principal of a state contractor or prospective states, indicate which branch or branches	e contractor? OYes No Legislative	•
Method of Contribution: Cash Personal Check OCredit/Debit Card Payroll I	Deduction Money Order 8/12/23	Aggregate Contributions \$250	
	SUBTOTAL Section B — This	Page \$350.00	
	TOTAL of additional Section B P		
	BUTIONS FROM INDIVIDUALS (Sections A Enter total on Line 13, Column A of Summary Page 2		

Section B ADDITIONAL PAGE 3 of 14

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Tiana for Hartford	October 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$	\$		
B. Itemized Co	ntributions from Indivi	duals		
Last Name McCormick	First Kevin			MI
Residential Street Address	City	<u></u>	State	Zip Code
190 Middletown Rd	Colchester		CT	06106
Principal Occupation	Name of Employer			* ***
Engineering technician	Consulting firm			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			4mou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	state contractor or prospective statench or branches ct is with:	e contractor? Yes OLegislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received Order 8/23/23	Aggregate Contributions		
Last Name	First		1	MI
Dressler	Jacob			
Residential Street Address 516 Ellsworth Avenue	New Haven		State CT	Zip Code 06511
Principal Occupation	Name of Employer	,		
Lawyer	Law firm	_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amou \$50	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes No If yes, indicate which bra of government the contra	state contractor or prospective statench or branches ct is with:	e contractor? O Legislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		Aggregate Contributions \$50		
Last Name	First			MI
Hiskes	Rachel			
Residential Street Address 38 Sherbrooke Ave	city Hartford		State CT	Zip Code 06106
Principal Occupation	Name of Employer		<u> </u>	
Social worker	self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amou \$25	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes No Is contributor a principal of a section L1? If yes, list Event # 081323A		e contractor? O Legislative		
Method of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Date Received	Aggregate Contributions \$25		
SUBT	TOTAL Section B — This	Page \$100.00	1	
TOTAL	of additional Section B P	ages \$3030.00		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Sections A			

Section B ADDITIONAL PAGE 4

of 14

AVANCE OR COMMUTERE IN THE SECOND PRODUCTION OF THE PRODUCTION OF		TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor Tiana for Hartford	October 10		
	OCCUBEL TO		
A. Total Contributions from Small Contributors-Rec	SUBTOTAL SECTION A	\$	

Last Name	Contributions from Indivi	quais	I MI
Kessler	Zack		
Residential Street Address	City		State Zip Code
1269 1/2 Morse St. NE	Washington		DC 20002
Principal Occupation Attorney	Name of Employer Wilmerhale		
	400 to a candidate for a chief executiv	a afficer of a municipality	/. Amount of Contribution
or dependent child of a lobbyist? O No does contributor or business he valued at more than \$5,000?	/she is associated with have a contract OYes ONo	with said municipality	\$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor of government the contributor apprincipal of the principal o	of a state contractor or prospective state branch or branches intract is with:	e contractor? Yes No Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo		\$100	<u> </u>
Last Name Krayeske	First Kenneth		MI
Residential Street Address	City		State Zip Code
121 Lexington Ave	New Haven		CT 06513
Principal Occupation	Name of Employer		
Lawyer	BBB Attorneys LLC 400 to a candidate for a chief executiv	a affician of a municipality	, Amount of Contribution
	/she is associated with have a contract Yes Yes No		\$250
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes No If yes, indicate which of government the contribution of government the contribution associated with an event reported in Section L1?		te contractor? Yes No Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMC		\$250	MI
Last Name Browdy	First Shonta		IMI
Residential Street Address	City		State Zip Code
42 Capen St	Hartford		CT 06105
Principal Occupation Program Director	Name of Employer AFCAMP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/	400 to a candidate for a chief executiv /she is associated with have a contract O Yes O No		, Amount of Contribution \$50
valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Valued at more than \$5,000? Is contributor a principal of If yes, indicate which of government the core	of a state contractor or prospective stat branch or branches	e contractor? Yes No	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMC	oney Order 8/13/23	\$50	
SU	JBTOTAL Section B — This	Page \$400.00	
ТОТ	'AL of additional Section B I	ages \$2730.00	
TOTAL OF ALL CONTRIBUTIONS FR	OM INDIVIDUALS (Sections A ine 13, Column A of Summary Page		

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Section B ADDITIONAL PAGE 5 of 14

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Tiana for Hartford	October 10	October 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name Moran	Fir Po	rst O lly				МІ
Residential Street Address	City			State	Zip	Code
104 Whitney Ave	Hartf	ord		CT	1 -	105
Principal Occupation		Name of Employer		<u> </u>		
Certified Nurse Midwife		SHE Medical Associ	ation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am o		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	ınch or b	branches _	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	8/13/23	\$25			
Last Name	Fin De	amon				MI
Espinoza Residential Street Address	City		7	State	1 7in	Code
Scidential Street Address 51 Pulaski Dr	Hartfe	ord		CT	1 -	106
Principal Occupation	<u> </u>	Name of Employer				
Counselor		UConn				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes One West of \$400 does contributor or business he/she valued at more than \$5,000?				7, Am o		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes No If yes, list Event # 081323A	ınch or t	branches	e contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	8/13/23	\$10	<u> </u>		
Last Name Martinez	Fin Va	esenia				Mĭ
Residential Street Address	City			State	T _{Zin}	Code
1580 Main St	Hartfo	ord		CT	1 1	120
Principal Occupation		Name of Employer				
Unemployed		unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Yes of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes No If yes, indicate which brain of government the contract	nch or b	oranches	Contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	/ Order	1	Aggregate Contributions \$5			
SUBJ	rota	L Section B — This	Page \$40.00			
TOTAL	∟ of ad	Iditional Section B P	ages \$3090.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page 1				

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Section B ADDITIONAL PAGE 6 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	n -	TYPE OF REPORT	
Tiana for Hartford		October 10	elitelijanaan on
	Street 4hin Davied ONI V	0000001.0	
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$	
B. Itemized C	Contributions from Indivi	iduals	
Last Name	First		MI
Serrano	Angel		
Residential Street Address 80 Charter Oak Ave	City Hartford		State Zip Code CT 06106
Principal Occupation	Name of Employer		
Environmental community organizer	CCAG		
	00 to a candidate for a chief executive she is associated with have a contract OYes ONo		Amount of Contribution \$6
	a state contractor or prospective stateranch or branches	te contractor? Yes OLegislative	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor		\$6	
Last Name Podolsky	First Raphael		MI
Residential Street Address	City		State Zip Code
104 Beacon St	Hartford		CT 06105
Principal Occupation	Name of Employer		
Lawyer	CT Legal Services		
	00 to a candidate for a chief executive the is associated with have a contract Yes O No		Amount of Contribution \$25
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes No If yes, indicate which be of government the contributor of government the contributor apprincipal of the section L1?		te contractor? Yes No Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon		\$25	
Last Name Deutsch	First Larry		MI
Residential Street Address	City		State Zip Code
2621 Palisado Ave	Bronx		NY 10463
Principal Occupation	Name of Employer	<u></u>	
retired	retired		
	00 to a candidate for a chief executive he is associated with have a contract Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes No If yes, indicate which be of government the contributor of government the contributor.		O Legislative	
Method of Contribution:	Date Received ev Order 8/13/23	Aggregate Contributions \$180	1
Cash Personal Check Credit/Debit Card Payroll Deduction OMon	ey Order O/ 13/23		
SUF	BTOTAL Section B — This	Page \$211.00	
тоти	AL of additional Section B P	ages \$2919.00	
TOTAL OF ALL CONTRIBUTIONS FRO	DM INDIVIDUALS (Sections A e 13, Column A of Summary Page 1	A + B) \$3130,00	

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NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Filing Repository)			TYPE OF REPORT		
Tiana for Hartford		<u> </u>		October 10		
A. Total Contributions from Small Contribute (See instructions for definition of Small Contribute		The state of the s	Period ONLY AL SECTION A	\$	· · · · · ·	
	B. Itemized Cont	Service of Service	ions from Indivi	duals		•
Last Name Long		First Gan	non			MI
Residential Street Address	Ci	ity			State	Zip Code
114 Warrenton Ave	<u> </u>	lartford		· -	СТ	06105
Principal Occupation Chief Program Officer			lame of Employer Operation Fuel			
or dependent child of a lobbyist? No does con	bution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?				/, Ama	ount of Contribution
	contributor a principal of a sta If yes, indicate which branci of government the contract i	h or brai	nches	Capital Contractor? Yes No		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPa	yroll Deduction OMoney O		ate Received 3/13/23	Aggregate Contributions \$75		
Last Name		First Pedi		· · · · · ·	3	MI
Bermudez Residential Street Address	Cit				State	Zip Code
189 Hollister Dr		ast Hai	rtford		CT	06118
Principal Occupation		N	ame of Employer			
retired			etired			
or dependent child of a lobbyist? O No does con	bution is in excess of \$400 to atributor or business he/she is t more than \$5,000?				, Amo \$20	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes No	contributor a principal of a sta If yes, indicate which brance of government the contract i	h or bra		_ O No		
Method of Contribution: Cash Personal Check Credit/Debit Card Pay	yroll Deduction OMoney O	1	ate Received B/13/23	Aggregate Contributions \$20		
Last Name		First Glor	ia	111 200 12-11		MI
Long Residential Street Address	Cit			I	State	Zip Code
98 Warrenton Ave		lartford	d		CT	06105
Principal Occupation retired			ame of Employer etired			-
or dependent child of a lobbyist? ONO does con-	bution is in excess of \$400 to a stributor or business he/she is a t more than \$5,000?				, Amo	unt of Contribution
Is this contribution associated with an Yes Is co	ontributor a principal of a stat If yes, indicate which branch of government the contract is	h or bran	ctor or prospective state	contractor? OYes ONo		
Method of Contribution: Cash Personal Check Credit/Debit Card Pay	yroll Deduction OMoney Or	۔ ا		Aggregate Contributions \$20		
	SUBTO	TAL S	Section B — This 1	Page \$90.00	-	
	TOTAL o	f addí	tional Section B Pa	ages \$3040.00		
TOTAL OF ALL CON	NTRIBUTIONS FROM I (Enter total on Line 13,					

Section B ADDITIONAL PAGE 8 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Is	Repository)		TYPE OF REPORT		
Tiana for Hartford	October 10				
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)		d this Period ONLY BTOTAL SECTION A	\$		
B. Item	nized Cont	ributions from Indivi	duals		
Last Name		First			MI
Velez Herrera	la:	Lydia	MATE - 1,	<u> </u>	
Residential Street Address 106 Tuttle St	Ci B	ristol		State CT	Zip Code 06010
Principal Occupation		Name of Employer		<u></u>	
CEO		Lilly Sin Barreras			
	iness he/she is	a candidate for a chief executive associated with have a contract OYes ONo		/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 081323A Yes Is contributor a print If yes, indicate of government	which brancl	te contractor or prospective state h or branches	_ ① No	`	
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	О Молеу О	rder 8/13/23	\$100		
Last Name Harris		First Sasha			MI
Residential Street Address	Cie	•		State	Zip Code
421 Burnside Ave		ast Hartford		СТ	06108
Principal Occupation Processing technician		Name of Employer State of Connecticu	ıt		
	of CAAA to	a candidate for a chief executive		Ame	ount of Contribution
	ness he/she is :	associated with have a contract Yes No		\$10	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security L1? Yes Is contributor a principle of government of government of government of government.	e which branc		e contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money O	Date Received rder 8/14/23	Aggregate Contributions \$100]	
Last Name		First			MI
Deleon		George	·		
Residential Street Address 120 Tyler Way	Cit Bi	y ristol		State CT	Zip Code 06010
Principal Occupation		Name of Employer			100010
Campaign consultant		Campaign			
	ness he/she is	a candidate for a chief executive associated with have a contract Yes No		, Amo	ount of Contribution
	ncipal of a stat which branch	te contractor or prospective state	e contractor? Yes No Legislative	1 \$25	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money O	Date Received 8/19/23	Aggregate Contributions \$25		1
	SUBTO	TAL Section B — This	Page \$225.00		
	TOTAL o	f additional Section B P	ages \$2905.00		
TOTAL OF ALL CONTRIBUTION (Enter tota		NDIVIDUALS (Sections A Column A of Summary Page 1			

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of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with	i Filing Repository)	TYPE OF REPORT						
Tiana for Hartford	October 10							
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	\$							
B. Last Name	Itemized Contributions from Individ	luals Mr						
Thomas	Alexandra							
Residential Street Address	City	State Zip Code						
56 Charter Oak Ave	Hartford	CT 06106						
Principal Occupation Student	Name of Employer Yale							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is does contributor valued at more t	s in excess of \$400 to a candidate for a chief executive or business he/she is associated with have a contract han \$5,000? Yes No	officer of a municipality, with said municipality \$25						
event reported in Section L1? No If yes, i		OLegislative ONo						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll De	Eduction OMoney Order Date Received 8/19/23	Aggregate Contributions \$25						
Last Name Desideraggio	First Hillary	MI						
Residential Street Address	City	State Zip Code						
88 Simsbury Rd	West Granby	CT 06090						
Principal Occupation Legislative Aide	Name of Employer CT General Assemb	y						
	s in excess of \$400 to a candidate for a chief executive or business he/she is associated with have a contract whan \$5,000? Yes No							
event reported in Section L1? No If yes,	Is this contribution associated with an 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: OCash OPersonal Check OCredit/Debit Card OPayroll De		Aggregate Contributions \$20						
Last Name DiZoglio	First Joseph	MI						
Residential Street Address 94 Huntington St	City Hartford	State Zip Code CT 06010						
Principal Occupation Physician	Name of Employer Trinity Health of Ne	w England						
	s in excess of \$400 to a candidate for a chief executive or business he/she is associated with have a contract whan \$5,000? Yes No							
event reported in Section L1?	tor a principal of a state contractor or prospective state indicate which branch or branches ernment the contract is with: © Executive	contractor? OYes No Legislative						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll De	- 0/00/00	Aggregate Contributions \$100						
	SUBTOTAL Section B — This	Page \$145.00						
	TOTAL of additional Section B P	ages \$2985.00						
	UTIONS FROM INDIVIDUALS (Sections A nter total on Line 13, Column A of Summary Page T							

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NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)		TYPE OF REPORT		
Tiana for Hartford			October 10		
A. Total Contributions from Small Constructions for definition of Small Contribution of Small Contribution of Small Contribution of Small Contribution of Small Contributions for definition of Small Contributions from Smal		ed this Period ONLY SUBTOTAL SECTION A	\$		-
	B. Itemized Con	ntributions from Indivi	duals		
Last Name Kennedy		First Mark			MI
Residential Street Address		City	.41,4.2.14	State 2	Zip Code
596 Broadview Terrace		Hartford			06106
Principal Occupation Retired		Name of Employer Retired		<u> </u>	
	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amoun	nt of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac		Chegislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order 8/29/23	Aggregate Contributions \$25	7	
Last Name Delane		First Jared			MI
Residential Street Address 143 Allen Place	}	City Hartford			Cip Code 06090
Principal Occupation Program Coordinator		Name of Employer Trinity College			
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?			Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 090823A			te contractor? O Legislative		
Method of Contribution: Ocash OPersonal Check OCredit/Debit Car	rd Payroll Deduction Money	Order Date Received 9/8/23	Aggregate Contributions \$25		
Last Name Thomas		First Shayna	-		MI
Residential Street Address 1580 Summit St		city Hartford		1	Cip Code D6010
Principal Occupation Admissions Counselor		Name of Employer Trinity College			· · · · · ·
or dependent child of a lobbyist? ONO	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?			, Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 090823A		_	e contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Date Received 9/8/23	Aggregate Contributions \$20		
	SUBT	OTAL Section B — This	Page \$70.00		
	TOTAL	of additional Section B P	ages \$3060.00		-
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page 1			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)		TYPE OF REPORT	
Tiana for Hartford	9	October 10	
	nived this Period ONLV		
A. Total Contributions from Small Contributors-Reco	SUBTOTAL SECTION A	\$	•
B. Itemized C	Contributions from Indivi	duals	
Last Name	First		MI
Cooper	Christopher		
Residential Street Address 360 Laurel St	City Hartford		State Zip Code CT 06105
Principal Occupation	Name of Employer		
Graphic Designer	Trinity College		
	600 to a candidate for a chief executive she is associated with have a contract OYes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 090823A Yes Is contributor a principal of If yes, indicate which to of government the contributor of government the governm		e contractor? Yes OLegislative	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo		\$15	
Last Name Ward	Charmaine		MI
Residential Street Address 134 N. Beacon St	City Hartford		State Zip Code CT 06105
Principal Occupation	Name of Employer		
Retired	Retired 00 to a candidate for a chief executive		T American Scientification
	the is associated with have a contract Yes No		Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # 090823A Yes Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor of government the contributor apprincipal of the principal of government the contributor apprincipal of the principal of the		e contractor? Yes No Legislative	
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor	Date Received 9/8/23	Aggregate Contributions \$50	
Last Name	First	n_m	MI
Flemming-Butler Residential Street Address	Janice Icity		State Zip Code
141 Ridgefield St	Hartford		CT 06010
Principal Occupation	Name of Employer		I
Lobbyist	Strategic Outreach		
	00 to a candidate for a chief executive the is associated with have a contract Yes No		Amount of Contribution \$250
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.		Contractor? OLegislative	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order 9/14/23	\$250	
SUI	BTOTAL Section B — This	Page \$315.00	
TOTA	AL of additional Section B P	ages \$2815.00	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INDIVIDUALS (Sections A ne 13, Column A of Summary Page 1		

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Section B ADDITIONAL PAGE 12 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)		TYPE OF REPORT		
Tiana for Hartford			October 10		
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	\$				
B. Itemiz	ed Contrib	outions from Indivi	duals		
Last Name Holloway		ist Georgiana			MI
Residential Street Address	City			State	Zip Code
14 Fairmount St	Hart	ford		СТ	06120
Principal Occupation retired	•	Name of Employer retired			
	ss he/she is asso	andidate for a chief executive ociated with have a contract OYes ONo		y, Am oi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principle of government the section L1? If yes, indicate work of government the section L1?	hich branch or		⊙ No		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction	Money Order	Date Received 9/15/23	Aggregate Contributions \$50	7	
Last Name		irst			MI
Taylor Residential Street Address		(aren		Ctota	Via Codo
117 Sigourney St	City Harti	ford		State CT	Zip Code 06105
Principal Occupation		Name of Employer			L
Director		City of Hartford			
	ss he/she is asso	ndidate for a chief executive eciated with have a contract O Yes O No		/, Amou \$200	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a princ If yes, indicate we of government the section L1?	hich branch or		e contractor? Yes No		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (Money Order	Date Received 9/15/23	Aggregate Contributions \$225		
Last Name Raskin		irst Sarah			MI
Residential Street Address	City			State	Zip Code
193 North Quaker Lane	West	t Hartford		ст	06119
Principal Occupation Professor	,	Name of Employer Trinity College		<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or busines valued at more than \$5,000	s he/she is asso			Amou	ant of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 091723A Yes No If yes, indicate who figovernment the	hich branch or		Contractor? Yes No		
Method of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction	Money Order	Date Received 9/17/23	Aggregate Contributions \$50		
	SUBTOTA	L Section B — This	Page \$300.00		
$oldsymbol{\eta}$	OTAL of a	dditional Section B P	ages \$2830.00		
TOTAL OF ALL CONTRIBUTIONS (Enter total of		IVIDUALS (Sections A umn A of Summary Page T			

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Section B ADDITIONAL PAGE ¹³ of ¹⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Tiana for Hartford	October 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$		
B. Itemized Co	ontribut	tions from Indivi	duals		
Last Name McDonnell	First Aly	cca			MI
Residential Street Address	City			State	Zip Code
18 Deer Run Rd	Bolton			СТ	06043
Principal Occupation		Name of Employer		<u> </u>	<u></u>
Graduate Student		UConn			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of \$400 and \$400 a				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092223A Yes Is contributor a principal of a section L1? If yes, list Event # 092223A	inch or bra	anches	CLegislative Yes		
Method of Contribution:	- 1	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	, <u></u>	9/22/23	\$15		
Last Name Gulley	First Palo	ge 			MI
	City Northa	mpton		State MA	Zip Code 01060
Principal Occupation		Name of Employer			
Student		Student			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				\$ Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092223A Yes No If yes, indicate which brain of government the contract	nch or bract is with:	Executive	O No Legislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	- 1	Pate Received 9/22/23	Aggregate Contributions \$50		
Last Name	First	70			MI
Lugo Ramirez Residential Street Address	Joro	ye		State	Zip Code
	East Ha	ırtford		CT	06108
Principal Occupation	<u> </u>	Name of Employer	<u> </u>		<u>.L</u>
Mechanic	F	Penske			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Syes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092223A Yes Is contributor a principal of a s fyes, indicate which bran of government the contraction.	nch or bra	nches	contractor? Yes No		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Omoney	ء ا	Pate Received 9/22/23	Aggregate Contributions \$20		•
SUBT	COTAL	Section B — This	Page \$85.00	•	
TOTAL	L of addi	itional Section B P	ages \$3045.00		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IDUALS (Sections A n A of Summary Page T			

Section B ADDITIONAL PAGE 14 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ימי)		TYPE OF REPORT		
Tiana for Hartford			October 10		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$		
B. Itemized	Contribu	tions from Individ	duals		
Last Name	First		tipetiitii ta tarata tarata ta para ay	*********	MI
Savini-Chester	Lau	uren			
Residential Street Address	City Hartfo	ard		State CT	Zip Code 06103
28 High Street	Панно		*	Ci	100103
Principal Occupation Marketing		Name of Employer Conning			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	e/she is associa	ated with have a contract OYes ONo	with said municipality	y, Am o	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092823A Yes No If yes, indicate which of government the contribution of government the contribution apprincipal of the section L1?	i branch or br	ranches _	CLegislative Yes		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMC		9/28/23	\$50		
Last Name Roberts	First Tas	sha			MI
Residential Street Address	City			State	Zip Code
89 Bates St	Hartfo	rd		MA	01060
Principal Occupation		Name of Employer			
Project Manager		IBX			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One is in excess of \$4 does contributor or business he valued at more than \$5,000?				, Amo \$50	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 092823A Yes No If yes, indicate which of government the contribution of government the contribution associated with an event reported in Section L1?	n branch or br ontract is with:	ranches : Executive	O Legislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo		Date Received 9/28/23	Aggregate Contributions \$70		
Last Name	First				MI
Residential Street Address	City			State	Zip Code
Principal Occupation		Name of Employer			- come eller come de Mandall Malland
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? System of System				Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of If yes, indicate which long government the contributor of government the contributor apprincipal of If yes, indicate which long government the contributor apprincipal of If yes, indicate which long government the contributor apprincipal of If yes, indicate which long government the contributor apprincipal of If yes, list Event #	branch or br	anches	⊙ No		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMo	1	Date Received	Aggregate Contributions		
SU	JBTOTAL	. Section B — This l	Page \$100.00		
TOT	ΓAL of adα	litional Section B P:	ages \$3030.00		
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li		VIDUALS (Sections A nn A of Summary Page T			

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Section L1. ADDITIONAL PAGE 1 of 2

	(Provide Complete Name as Registered with Filing Repository	9)	TYPE OF REPORT		
Tiana for Hartford	T.1 Drop	nt Information	October 10		
Event#	Description L.1. E.Vel	HI IIIOI IIIXUOII		l	
Date of Event Letter 090823A	House party			Was this a fu O Yes	ndraising event
Location: Street Address		City		State	Zip Code
128 N Beacon		Hartford		СТ	06105
Subpart 1: (All Commit Was this event hosted at			.5 In-Kind Donations nouse Party and completest(s) for food, beverage a	e required info	rmation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section I and complete required No		ot Considered	Contributions
	sale, auction, or other sale of donated items	OYes (If yes, enter Total Re	ceipts here.)		
with purchases from an i	ndividual of up to \$100?	⊙ No		\$	
Were there purchases of sign associated with this Subpart 3: (Town Conu.) Did your committee sell		Yes (If yes, go to Section I	.3 Purchases of Adverting lete required informa		i Program Book
Event # Date of Event Letter 092223A	Description House party			Was this a fu	ndraising event?
Location: Street Address		City		State	Zip Code
73 Imlay St		Hartford		СТ	06105
Subpart 1: (All Committee Was this event hosted at			.5 In-Kind Donations nuse Party and complete st(s) for food, beverage a	e required infor	mation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required No		ot Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Community and vertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	Committees) 3 Purchases of Adverti plete required informa		Program Book
Subpart 3: (Town Comn		OV	.1.4.1		
	ood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr		This Page		
		tion L1—Subpart 3 <i>(Town Commi</i> eipts from Food Purchases —			
		TOTAL of additional Section	n L1 Pages		
		EIPTS FROM SMALL PUI n Line 16a, Column A of Summar	2550 (350 3150 250 250 250 250 250 250 250 250 250 2		

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Section L1. ADDITIONAL PAGE 2 ___ of 2

\$	(Provide Complete Name as Registered with Filing Repository,)	TYPE OF REPORT		
Tiana for Hartford			October 10		
TD4.4		at Information		1	
Event # Date of Event Letter 091723A	House party			Was this a fu O Yes	ndraising event O No
Location: Street Address		City		State	Zip Code
104 Whitney Ave		Hartford		CT	06105
Subpart 1: (All Commit Was this event hosted at			5 In-Kind Donations nuse Party and completent(s) for food, beverage a	e required info	rmation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required No		ot Considered	Contributions
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eipts here.)		
with purchases from an i	ndividual of up to \$100?	⊙ No		\$	
Were there purchases of sign associated with this Subpart 3: (Town Community Your Community Your Communities sell)	mittees ONLY) food or beverage at a fair or similar mass	mittees other than Exploratory O Yes (If yes, go to Section L	3 Purchases of Adverti plete required informa		Program Book
gathering held within the	e state with this fundraiser?	ONo	ŕ	Ψ	
Event#	Description				
Date of Event Letter 092823A	House party			Was this a fui Yes	ndraising event? O No
Location: Street Address		City		State	Zip Code
50 Statehouse Sq		Hartford		СТ	06161
Subpart 1: (All Committee Was this event hosted at		OYes (If yes, go to Section L. Associated with a Hoo purchases made by hos O No	ise Party and complete	e required infor	Contributions mation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Rec No	eipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	mittees other than Exploratory O Yes (If yes, go to Section L. or on a Sign and comp O No	3 Purchases of Adverti		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
		ion L1—Subpart 3 <i>(Town Commit</i> ipts from Food Purchases — '			
		TOTAL of additional Section	L1 Pages		
		IPTS FROM SMALL PUR			
		i Line 16a, Column A of Summary			

Section L5. ADDITIONAL PAGE 1____ of 1____

NAME OF COMMITTEE (Pr	ovide Complete Name as Registered with Filing Repo	ository)			TYPE OF RE	PORT	
Tiana for Hartford					October 10)	
L5.	In-Kind Donations Not Conside	red (Contributions Associa	ited with a I	Iouse Part	y	
Name of Host							ne candidate or
Helder Mira				committee? If yes, co	omplete Itemize		
Street Address			City			State	Zip Code
128 N. Beacon St			Hartford			CT	06105
Description of Donation food and drink					Fair Mar \$75	ket Value	of Donation
Event # 090823A	Aggregate Value of this Event—all hosts	Ag \$7	gregate Value of all Events—this h	ost/candidate	1 */`		
	1470	۱۳,		l v at .	<u> </u>	.1	•••
Name of Host Tim Moore				committee?		0	ne candidate or
Street Address			City	1 37		State	Zip Code
50 Statehouse Sq			Hartford			СТ	06161
Description of Donation	· · · · · · · · · · · · · · · · · · ·				Fair Mar	ket Value	of Donation
food and drink					\$75		
Event # 092823A	Aggregate Value of this Event—all hosts \$75	Ag \$7	gregate Value of all Events <i>—this h</i> 5	ost/candidate			
Name of Host	•			committee?	supporting mo Yes No mplete Itemiza	3	e candidate or
Street Address			City	•		State	Zip Code
Description of Donation		······································			Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this hi	ost/candidate			
Name of Host				committee?	upporting mo Yes O No mplete Itemiza)	e candidate or
Street Address			City			State	Zip Code
Description of Donation		الحب رز			Fair Marl	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this he	ost/candidate			
		SUB'	FOTAL Section L5 —	This Page	\$150		

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Section P. ADDITIONAL PAGE 1____ of 2____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository))	TYI	PE OF REPORT		
Tiana for Hartford	t de la constant de l		Oct	tober 10		
	P. Expenses	Paid by Committee	e			
Name of Payee		September 2011	Date	of Payment	Method of	-
Katerina Soto			Sep	o 11, 2023	Check	
Street Address	and the state of t	City			O Debit State	Card OEFT Zip Code
28 Newfield Ave		Hartford			СТ	06106
Purpose of Expenditure	Description		Event #			Amount
(by code) WAGE	Canvasser pay				\$60	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) re)	ndent	OB OC OD	· ·	
Name of Payce				of Payment	Method of F Check	
Katlynn Watson			Sep	13, 2023	O Debit	
Street Address		City			State	Zip Code
26 Racebrook Dr		East Hartford			CT	06108
Purpose of Expenditure	Description		Event#			I Amount
(by code) WAGE	Canvasser pay				\$120	I ERROWN.
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	ndent ation O AC	в Ос Ов		
Name of Payee					Method of P Check	
Harland Clarke			Sep	20, 2023	Debit (
Street Address		City			State	Zip Code
15955 La Cantera		San Antonio			TX	78256
Purpose of Expenditure (by code) MISC	Description additional checks		Event #		\$35.50	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" i:	is checked)		V	
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) 🔘 Indeper		Ов Ос Ор	:	
Name of Payce				of Payment	Method of P Check	
Maya Vanderberg	ı		Sep	20, 2023	O Debit (
Street Address		City			State	Zip Code
82 Fern St, Apt 2		Hartford			СТ	06105
Purpose of Expenditure (by code) WAGE	Description Canvasser pay		Event #		\$192.20	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD					
	S S	SUBTOTAL Section P —	– This Page	\$407.70		
	And of the second secon					

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Section P. ADDITIONAL PAGE 2____ of 2____

Revised January 2015							
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Tiana for Hartford	3			October 10			
	P. Expenses	Paid by Committee	е				
Name of Payee				Date of Payment	Method of Payment:		
Katerina Soto				Sep 25, 2023	O Check		
Street Address		City			State	Zip Code	
28 Newfield Ave		Hartford			СТ	06106	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) WAGE	Canvasser pay						
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee) e) Indepen	ndent	A OB OC OD	\$120		
Name of Payee				Date of Payment	Method of I		
Katlynn Watson				Sep 22, 2023	O Debit		
Street Address		City			State	Zip Code	
26 Racebrook Dr		East Hartford			СТ	06108	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) WAGE	Canvasser pay				\$120		
((f applicable) Name of Payee	None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribution)	e) 🚺 Indepen		A O B O C O D Date of Payment	Method of B	•	
Street Address		City			O Debit	Card © EFT Zip Code	
Succe Address		City			State	zip cout	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or concluded with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control	ommittee) re)	ndent	DA OB OC OD			
Name of Payee				Date of Payment	Method of I Check Debit	:#	
Street Address	1 - MAD-1	City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	namittee) e) O Indeper	ndent	d) A OB OC OD			
	S	UBTOTAL Section P -	— This	Page \$240.00			
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